

CORPORATE MEMBERSHIP APPLICATION FORM

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Corporation Name: _____
Address: _____ City : _____
Province : _____ Postal Code: _____ Web Address : _____
Institution Telephone # : (_____) _____ - _____ Institution Fax # : (_____) _____ - _____
Representative : _____ **Title:** _____ **Email :** _____
Telephone:(_____) _____ **Ext:** _____ **Fax:** (_____) _____ - _____
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ADDITIONAL CORPORATE MEMBERS

1 Contact : _____ Title: _____ Email : _____
Telephone:(_____) _____ Ext: _____ Fax: (_____) _____ - _____
2 Contact : _____ Title: _____ Email : _____
Telephone:(_____) _____ Ext: _____ Fax: (_____) _____ - _____
3 Contact : _____ Title: _____ Email : _____
Telephone:(_____) _____ Ext: _____ Fax: (_____) _____ - _____
4 Contact : _____ Title: _____ Email : _____
Telephone:(_____) _____ Ext: _____ Fax: (_____) _____ - _____
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Please describe your company's services or products in 25 words or less. Subject to editing, this description will be included in the ARUCC Corporate Directory:

Please supply full details of individual members on the form provided (photocopy extras if necessary). The annual fee for Corporate Membership is \$500.00 (+GST).

DATE : ____ / ____ / ____
 Yr Mo Day

Please return payment with this Corporate Application to:
Angelique Saweczko, ARUCC Sec.-Tr. / Att.: Univ. of Regina, AH Rm 108, 3737
Wascana Parkway, Regina, SK S4S 0A2