

INSTITUTIONAL MEMBERSHIP APPLICATION

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Institution Name: _____

Address: _____ City : _____

Province : _____ Postal Code: _____ Web Address : _____

Institution Telephone # : (_____) _____ - _____ Institution Fax # : (_____) _____ - _____

Contact : _____ Title: _____ Email : _____

Telephone: (____) _____ Ext: _____ Fax: (____) _____ - _____

Is your institution affiliated with another post-secondary institution? ()NO ()YES If yes, specify affiliation :

Is your institution: ()Provincially funded? ()Privately funded? ()Other ? If other, please specify:

Is your institution a member of AUCC? ()NO ()YES or ACCC? ()NO ()YES of another accrediting body? ()

Please specify: _____

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ADDITIONAL 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: (____) _____ - _____

5 Contact : _____ Title: _____ Email : _____
Telephone: (____) _____ Ext: _____ Fax: (____) _____ - _____

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Please supply full details of individual members on the form provided (photocopy extras if necessary) and also your 2000/2001 Provincial Revenue (\$ _____ (+ G.S.T.)) of the Institution for us to determine your annual fee for Membership.

DATE : ____ / ____ / ____
Yr Mo Day

Please forward this Institutional Membership Application and payment to:
**Angelique Saweczko, ARUCC Sec.-Tr. / Att.: Univ. of Regina, AH Rm 108, 3737
Wascana Parkway, Regina, SK S4S 0A2**