

**College of the North Atlantic
Membership Fees - Association/Organization
Approval Form**

SECTION 1 - Employee Information

Name _____	Title _____
Campus _____	Supervisor _____
Telephone No. _____	Date Request Is Made _____
Employment Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Other (specify) _____	

SECTION 2 - Membership Information

Name of Association/Organization: _____

Mandate of Organization: _____

Address: _____

Will the membership be in the name of the College? Or Employee? _____

Does the membership provide the employee with a designation? _____

What will happen if the membership is not paid? _____

Why is this membership important to the College?

Why should the College pay for this membership (Rationale)?

Employee's Signature _____

SECTION 3 - FUNDING REQUIRED

Cost of Membership _____ Account Code _____

New _____ Renewal _____

Period membership is valid: _____

SECTION 4 - APPROVAL - To Be Completed by Immediate Supervisor

Name _____ Date _____

Membership: Recommended Not Recommended

Comments: _____

Signature _____ Date _____

To Be Completed by Finance

Name _____ Date _____

Membership Verified: Yes No

Comments: _____

Signature _____ Date _____