

Association of Canadian College and University Ombudspersons (ACCUO)
Membership 2017-2018

Renewal of Membership

New Membership

Name _____ Title: _____

If you are asking for an Institutional Membership, please list the names and email addresses of all the members.

Institution (must be located in Canada): _____

Address: _____

Phone: _____ Email: _____

Web site: _____

Do you require a receipt? Yes ___ No ___

Please select below the type of membership you are applying for:

___ Voting Member: I am applying for voting membership in ACCUO and am affirming that my Ombuds practice is consistent with the ACCUO criteria as described in the section on membership (Fees \$100.00)

___ Institutional Member: On behalf of our office, I am applying for voting membership in ACCUO and affirming that our Ombuds practice is consistent with the ACCUO criteria as described in the section on membership (one form per institutional member) (Fees: \$250.00)

___ Associate Member: (Fees \$50.00)

_____ (Signature) _____ (Date)

Your cheque should be made payable to ACCUO and sent with the completed form to:

Anita Pouliot,

ACCUO Treasurer, c/o Office of the Ombudsperson, WSS 3135, Western University, London, ON N6A 3K7