

**CANADIAN RESEARCH KNOWLEDGE NETWORK/
RÉSEAU CANADIEN DE DOCUMENTATION DE RECHERCHE**

APPLICATION FOR MEMBERSHIP

This is an application for membership in Canadian Research Knowledge Network (referred to as the "Corporation"). Any questions regarding this form or an application for membership in the Corporation should be directed to Bethany Hedley, Projects and Communications Officer, bhedley@uottawa.ca, 613-562-5800 ext: 3712.

NAME OF INSTITUTION: _____

TYPE OF MEMBERSHIP:

INSTITUTIONAL MEMBERSHIP

To become an Institutional Member of the Corporation, the applicant must be an Institutional Member of the Association of Universities and Colleges of Canada.

ASSOCIATE MEMBERSHIP

To become an Associate Member of the Corporation, the applicant must be a Canadian degree-granting post-secondary institution. An application to become an Associate Member is subject to the recommendation of the Board of the Corporation and approved by its members.

CONTACT INFORMATION for University Librarian (institution's voting representative within the Corporation)

(please print):

<hr/> <i>PREFIX</i> <small>(Dr., Mr., Mrs., etc.)</small>	<hr/> <i>FIRST NAME</i>	<hr/> <i>MIDDLE NAME OR INITIAL</i>	<hr/> <i>LAST NAME</i>
<hr/> POSITION	<hr/> TELEPHONE		
<hr/> CAMPUS ADDRESS	<hr/> FAX NUMBER		
<hr/> STREET ADDRESS	<hr/> E-MAIL ADDRESS		
<hr/> CITY	<hr/> INSTITUTION WEB ADDRESS		
<hr/> PROVINCE OR TERRITORY	<hr/> POSTAL CODE		

ACKNOWLEDGEMENT: The applicant acknowledges that the By-Laws of the Corporation provide that members will be required to pay fees as determined by resolution of the Board, upon annual recommendation of the Fee Committee for license participation and administration. Additional information, as well as a copy of the By-Laws, may be obtained by contacting the Corporation.

APPLICATION: The undersigned President/Executive Head, on behalf of the Institution set out above, hereby applies for membership in the Corporation.

DATE: _____

Signature

Name (print)

Position (print)