



Application for ACORN-NS Membership:

Institution _____

Address _____

Membership type

Representative _____

Job Title _____

Phone _____ **Email** _____

Alternate Rep _____

Job Title _____

Phone _____ **Email** _____

Annual membership fee is pro-rated from start date based on Institutional Budget. Please choose one of the following:

- Under \$1 million \$1,000
- Under \$10 million \$3,000
- Over \$10 million \$5,000

Applicant:

I understand that to remain a member in good standing, my institution must ensure both of the following (please check both boxes):

- pay required annual fee within 90 days of receipt of invoice
- have representative (or alternate) attend each meeting

Complete ACORN by-laws are available at: acorn-ns.ca

Date: _____

Signature: _____

Please fax completed application form to: Perry Sisk, Secretary, ACORN-NS:

Fax: (902) 496-8103