

ARTS AND SCIENCE FEDERATION OF ASSOCIATIONS

2070 RUE MACKAY, EN-400, MONTREAL, QC H3G 2J1



Appointment Form – Member Association Councillor

Member Association Councillor

Councillor's Full Name: _____ Student ID: _____

Phone Number: _____ Email Address: _____

Term of Appointment: _____

(Date of appointment until expected ending date, ex Fall Semester, all year, etc.)

Member Association Alternate Councillor

Alternate Councillor's Full Name: _____ Student ID: _____

Phone Number: _____ Email Address: _____

Term of Appointment: _____

(Date of appointment until expected ending date, ex Fall Semester, all year, etc.)

I, the undersigned, hereby attest that the above information is accurate and complete and accept my appointment to sit and speak at ASFA Council on behalf of this Member Association, with all of the duties and responsibilities that come therewith. Furthermore, I understand that missing two (2) regularly scheduled council meetings will result in my association's budget being frozen and being penalized 5% of its total budget. I understand that missing three (3) regularly scheduled council meetings will result in my association's budget being frozen and being penalized an additional 10% of its total budget. Finally, I understand that missing more than three (3) regularly scheduled council meetings will result in my association's forfeiting its seat on Council for the remainder of the academic year and having its budget suspended indefinitely for the remainder of the year.

Signature (Councillor): _____ Date: _____

Signature (Alternate Councillor): _____ Date: _____

For Office Use Only

ASFA Internal Coordinator

ASFA Signing Officer

Date Approved