



**College of the North Atlantic  
Memberships – Associations/Organizations  
Approval Form**

**SECTION 1 – Employee Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Campus: \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Date Request is Made: \_\_\_\_\_  
 Employment Status:  Permanent  Temporary  Part-Time  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 Membership: \_\_\_\_\_ Annual 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: \_\_\_\_\_