



FACULTY ASSOCIATION REGISTRATION FORM

PREAMBLE:

The Graduate Students' Association of McMaster University established in 1970 is governed by By-laws. In accordance with those by-laws each Faculty Association that has been recognized by council must complete this form and submit it to the Vice President External each Academic year.

FACULTY ASSOCIATION INFORMATION

Faculties Operating Name

Executive Information:

Full name, Position, E-mail address

Date of Original Registration with GSA:

CONTACT INFORMATION

Please provide the contact information for two individuals appointed to Counsel:

First Name

Last Name

Address

City

Province

Postal Code

E-mail

Phone number

ACKNOWLEDGEMENT

The undersigned hereby acknowledges that they are binding the above noted Faculty Association to the by-laws, policies, and procedures of the Graduate Students Association of McMaster University, and as long as they are a Faculty Association in good standing they are entitled to following rights and privileges of the Association:

- To have voting representation at and to participate in Council Meetings of the Association; and
- To have their interests represented collectively in the Association; and
- To be represented to the McMaster University administration and, through membership in a national and provincial student association, to the federal and provincial governments; and
- To the protection and support of the Association in accordance with the objectives of the Association; and
- To access the services, research, information, materials, staff and other resources of the Association; and
- To access information on associations to which the Association belongs.

Name of signatory, and position

Signature

Date

Name of signatory, and position

Signature

Date

GSA VP External Signature

Date: