



Terms & Conditions

The Graduate Student Society (GSS) of the University of British Columbia (UBC) has made the provision for the aforementioned departmental or graduate student organization. We, the undersigned, being duly registered members of the GSS, have passed a resolution within the members of our organization to join the GSS, and hereby request the GSS Council to approve the formation of the Affiliate Organization described below.

We understand that membership as an Affiliate Organization entails the following obligations

- 1. Abiding by the Constitution and Policies of the GSS;
2. Undertaking such activities and events as will promote the well-being of the members of the Department or Graduate Student Organisation;
3. Making use of the Thea Koerner House Graduate Student Centre as much as desirable for such activities and events;
4. Supervising the disbursement of funds for such activities and events.

Notes:

- A. A minimum of four signatures is required.
B. This petition must be submitted to the GSS office and ratified by Council.
C. The Committee must be renewed on an annual basis.
D. Failure to adhere to the terms of reference may result in withdrawal of Council approval and any benefits to the department.

We invite all members of the GSS to participate in the Committee and in the activities and events it sponsors. The following have taken advantage of this opportunity by recording their position, name, email, and signature.

General

AO Name: [text box]

Contact email for the AO? to be listed on the GSS website [text box]

AO Information

If your AO's information is on file from a previous affiliation and your information has not changed, please indicate "Same information as previous records." If this is a new application, or your information has changed, please complete this section.

[ ] Same information as previous records (skip to next section)

Located: [ ] On-campus [ ] Off-campus

How old is your AO? [text box]

What is the main purpose of your AO? [text box]

What type of events does your AO hold? [text box]

How many graduate students do you represent? [text box]



## Primary Contact

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>
UBC Student #:	<input type="text"/>

## Membership

### Member #1:

Full Name:	<input type="text"/>
Email:	<input type="text"/>
Position:	<input type="text"/>
Student #:	<input type="text"/>

### Member #2:

Full Name:	<input type="text"/>
Email:	<input type="text"/>
Position:	<input type="text"/>
Student #:	<input type="text"/>

### Member #3:

Full Name:	<input type="text"/>
Email:	<input type="text"/>
Position:	<input type="text"/>
Student #:	<input type="text"/>

### Member #4:

Full Name:	<input type="text"/>
Email:	<input type="text"/>
Position:	<input type="text"/>
Student #:	<input type="text"/>

## Agreement to Terms & Conditions

I have read, understood, and agree to the terms and conditions  Yes  No

## For GSS Office Use Only

Date Received:	<input type="text"/>
Date Approved in Council:	<input type="text"/>
Officer Signature:	<input type="text"/>