

ELIGIBILITY OF MEMBERSHIP FORM

Name of organization for which membership is being requested.

Memorial University, as per the Purchasing Policy and Procedures, related document "Special Purchase Approvals - Section 2.0: Purchases Strictly Prohibited", prohibits personal memberships to be paid from University funds (except for memberships to be charged under an annual Professional Development and Travel Expense reimbursement claim). Institutional memberships are permitted when it is deemed by the appropriate Dean, Director or Vice-President to be in the best interest of the University.

To assist in determining the eligibility for reimbursement of this expenditure, please complete this questionnaire, sign it and attach it to the invoice when requesting payment.

| 1. | What type of membership is this? | | | | |
|----|---|------------------|---------------|----------------|--|
| | Personal | | Instit | utional | |
| 2. | ls membe Yes □ | rship in this a | associa No | ation req | quired to maintain a professional certification? |
| 3. | ls membe Yes □ | rship restricte | ed to u No | niversitie | ies or educational institutions? |
| 4. | If you left t Yes □ | this institutior | n, woul No | ld you be □ | e likely to continue this membership? |
| 5. | If you left this institution, would your replacement be permitted to assume your membership privileges? | | | | |
| | Yes 🛛 | | No | | |
| 6. | Provide a justification for this membership including benefit to this institution. | | | | |
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Applicant's Signature

Dean, Director, or Vice-President Approval