



Arts and Science Federation of Associations

Councillor Appointment Form

Name of Member Association: _____

Member Association Councillor Appointment

Name of Councillor: _____

Address of Residence: _____

Student ID: _____

Home Phone: _____

Mobile Phone: _____

E-mail Address: _____

Term of Appointment: _____

(Ex. All year, Winter Semester only, Rest of 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 forfeiting its seat on Council for the remainder of the academic year and having its budget frozen until reinstated by Council.

Signature of Councillor: _____ Date: _____

We, 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 our Member Association. Furthermore, we understand that if the appointed Councillor is absent from two (2) or more regularly scheduled Council meetings, our association shall forfeit its seat on Council for the remainder of the academic year and have its budget frozen until reinstated by Council.

Signing Officer of Association

Signing Officer of Association

Signature

Signature

Date

Date

For Office Use Only:

Date Received: _____

Signature of President

Signature of VP Internal

Date Approved
