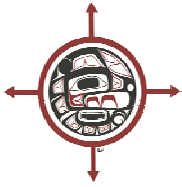


APPLICATION NUMBER:



# Union of BC Indian Chiefs Institutional Membership Application

Union of B.C. Indian Chiefs Resource Centre  
4<sup>th</sup> floor, 342 Water Street  
Vancouver, B.C. Canada V6B 1B6  
Tel: (604) 684-0231 Fax: (604) 684-5726

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number of primary contact person: \_\_\_\_\_

Fax number of primary contact person: \_\_\_\_\_

E-mail address of primary contact person: \_\_\_\_\_

**Type of membership:** (please check one)

- Non-Profit Organization Membership - \$350 annual fee (includes 3 library cards)
- Non-Governmental Organization Membership - \$350 annual fee (includes 3 library cards)
- Institutional Membership - \$800 annual fee (includes 3 library cards)

Number of additional library cards required (up to 3 more at \$100 each): \_\_\_\_\_

Total owing for membership and any additional cards: \$\_\_\_\_\_

**Our institution applies for the right to use the Union of BC Indian Chiefs (UBCIC) Resource Centre and agree to the following:**

- terms of membership;
- to observe UBCIC Resource Centre’s policies;
- to observe UBCIC’s ethical research policy;
- to return materials borrowed from the Resource Centre by the due date;
- to pay any fees incurred for lost, damaged or late material;
- to notify the Resource Centre of change of address;
- failure to observe the Resource Centre’s policies and guidelines will result in the withdrawal of borrowing privileges and access to the Resource Centre

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Upon receipt of your application, the UBCIC will review the application form and if approved, the UBCIC will invoice for the total amount owing. All membership fees must be paid in full before access is granted to the UBCIC Resource Centre. You will be notified once payment has been processed, at which time library cards will be ready for pick up at the UBCIC Resource Centre.

APPLICATION NUMBER:

OFFICE USE ONLY

Authorized by (UBCIC representative): \_\_\_\_\_

Date: \_\_\_\_\_

Card # issued: \_\_\_\_\_ Full payment received (date): \_\_\_\_\_