

Membership form

I, the undersigned, hereby join the *Association des cadres des collèges du Québec (ACCQ)* and agree to pay registration fee of five (5) dollars, as well as the professional dues, in conformity with the terms of the Statutes and General Regulation of the said Association. I agree as well to pay, if applicable, the professional dues to the local committee required by its regulation.

Signature: _____

Date: _____

Professional dues payroll deduction authorization

I, hereby, authorize the College:

to deduct on each pay the amount of my annual professional dues payable to the ACCQ and, if applicable, to the local committee.

The present authorization is valid until revoked by myself and in which case, I will give notice to the College of my withdrawal in conformity with the terms outlined in the Statutes of the ACCQ and, if applicable, those of the local committee.

Signature: _____

Date: _____

Name: _____

College: _____

Position: _____

Classification: _____

Local committee President signature:

Original :	ACCQ
Photocopy :	College financial Service
Photocopy:	Member



1 - PERSONAL DATA

Name _____ Surname _____ Female Male

Home address : _____
_____ Street _____ Apt.# _____

City /Town _____ Postal Code _____

Telephone (residence) : (_____) _____ - _____ Date of Birth : ____/____/____
Year Month Day

2 - EMPLOYER

College : _____ Telephone : (_____) _____ - _____ Local : _____

Office E-mail : _____
Obligatory

If you are a Director/Manager of a special training Facility, Campus or Pavilion, please give name:
_____ Telephone : (_____) _____ - _____ Local : _____

3 - POSITION

- A) Title of your Position : _____
- Date began working in this Position : _____
- Number of years of experience as a : Director _____ Coordinator _____ Manager _____
- B) Tick off your Classification as presently outlined in the « *Règlement déterminant certaines conditions de travail des cadres des collèges d'enseignement général et professionnel* ».
- | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| Class 1 <input type="checkbox"/> | Class 3 <input type="checkbox"/> | Class 5 <input type="checkbox"/> | Class 7 <input type="checkbox"/> | Class 9 <input type="checkbox"/> |
| Class 2 <input type="checkbox"/> | Class 4 <input type="checkbox"/> | Class 6 <input type="checkbox"/> | Class 8 <input type="checkbox"/> | Class 10 <input type="checkbox"/> |
- C) Indicate the Department or Sector of activity(ies) in which you work :
- | | | |
|--|---|---|
| <p>◆ ADMINISTRATION <input type="checkbox"/></p> <p><input type="checkbox"/> Financial Services</p> <p><input type="checkbox"/> Human Resources</p> <p><input type="checkbox"/> Facilities</p> <p><input type="checkbox"/> Computers Services</p> <p><input type="checkbox"/> Corporate Affairs (Secretary General)</p> <p><input type="checkbox"/> Communications</p> <p><input type="checkbox"/> Other (specify) : _____</p> | <p>◆ ACADEMIC ADMINISTRATION <input type="checkbox"/></p> <p><input type="checkbox"/> Academic Organization</p> <p><input type="checkbox"/> Counseling Services</p> <p><input type="checkbox"/> Continuing Education</p> <p><input type="checkbox"/> Technical Resources</p> <p><input type="checkbox"/> Departmental Management</p> <p><input type="checkbox"/> Program Management</p> <p><input type="checkbox"/> Workload Allocation</p> <p><input type="checkbox"/> Services to at-risk Students</p> <p><input type="checkbox"/> Pedagogical Services</p> <p><input type="checkbox"/> International Development</p> | <p>◆ STUDENT AND COMMUNITY SERVICES <input type="checkbox"/></p> <p><input type="checkbox"/> Student Life Services</p> <p><input type="checkbox"/> Sports Centre</p> <p><input type="checkbox"/> Housing Services</p> <p><input type="checkbox"/> Food Services</p> <p><input type="checkbox"/> Community Services</p> <p><input type="checkbox"/> Academic Advising</p> <p><input type="checkbox"/> Registrar, Admissions and Records Services</p> <p><input type="checkbox"/> Other (specify) : _____</p> |
|--|---|---|
- D) Gross Annual Salary : _____
- E) To what Pension Plan do you contribute? RRPE RRF RRE RREGOP

4 - EDUCATION

A) YEARS OF SCHOOLING _____

- University 1st cycle : _____
2nd cycle : _____
3rd cycle : _____
- Collegial
- Secondary

B) SPECIALIZED STUDIES _____

5 - PROFESSIONAL CORPORATION OR ASSOCIATION

Are you a member of a professional corporation or association (ex.: Ordre des ingénieurs du Québec, Quebec Order Chartered Accountants, etc.) or of a regrouping of professionals, (ex. : Association of Physical Educators of Quebec, Association of Human Resources Managers, etc.)? If yes, please list :

6 - PARAPROFESSIONAL ACTIVITIES (TO DEVELOP A SKILLS / RESOURCES INVENTORY)

Indicates the names of the associations/corporation to which you belong as a :

- ➔ Member of the board : _____
 - ➔ Member of the executive committee: _____
 - ➔ Do you hold a political office? :
 - a) At the municipal level. If yes, indicate function : _____
 - b) At the regional level. If yes, indicate function : _____
 - c) At the provincial level. If yes, indicate function : _____
 - d) At the federal level. If yes, indicate function : _____
-

Date

Signature

The information provided is strictly confidential and restricted to the use only of the ACCQ.

PLEASE RETURN THIS FORM AT THE FOLLOWING ADDRESS :
ASSOCIATION DES CADRES DES COLLÈGES DU QUÉBEC
2430, CHEMIN SAINTE-FOY, QUÉBEC (QUÉBEC) G1V 1T2