



Institutional Member Application or Renewal for 2012

The fees identified below provide ACA membership for the calendar year January 1 to December 31, 2012, including Archivaria #73 & #74.

Name of Institution: _____

Type of application Renewal of member ID _____ or,
 New (please complete contact information immediately below)

Address: _____ Phone: _____

_____ Fax: _____

City: _____ Prov: _____

Postal Code: _____ E-Mail: _____

Country: _____ (Please identify country if outside Canada)

Important: We will access the ACA Bulletin online and wish to opt-out of the print copy (please)

Institutional Membership		
Please <input checked="" type="checkbox"/> your category:	fee	Canadian institutions, please calculate tax for your province of residence
# Employees involved in Archives		Located in AB, SK, MB, QC, PEI, YK, NT, NU add 5% GST \$
<input type="checkbox"/> 0 - 2 staff	\$268	Located in BC add 12% HST \$
<input type="checkbox"/> 3 - 5 staff	\$288	Located in ON, NB, NL add 13% HST \$
<input type="checkbox"/> 6 - 20 staff	\$870	Located in NS add 15% HST \$
<input type="checkbox"/> 21 - 50 staff	\$1,742	Your Fee
<input type="checkbox"/> 51 - 399 staff	\$2,587	Total Fee plus taxes
<input type="checkbox"/> 400 +	\$15,543	

To include a donation to the ACA Foundation, please and insert your donation amount:

<input type="checkbox"/> Foundation donation (ACAF) a tax receipt is provided for \$50 or more	Donation amount \$ (enter value)
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Note to Renewing Institutions: please visit www.members-archivists.ca to update your contact coordinates.

We have read and accept the "Conditions for the Use of ACA Online Publications" document for the e-Archivaria on-line collection, found at <http://www.archivists.ca/content/e-archivaria>

Signature: _____

For ACA functions, our Institution's two official representatives are: (please print)

1. name: _____ e-mail: _____

2. name: _____ e-mail: _____

Payment Method: Please select your method of payment: _____

a. Click Print and mail the completed form with your Cheque or Money Order payable to
Association of Canadian Archivists at the mailing address above)

b. Enter your credit card information, click Print and fax this form to ACA to pay by credit card:

Name on card: _____ Card Number _____

Signature: _____ Card Expiry Date: ____/____ (MM/YY)

Receipt to be issued in Name of: _____

NB: This form can be completed onscreen, then printed and mailed or faxed to the ACA office, at the address shown above. Simply move your cursor over each input field and click to type or select a response.

* GST Reg #R106732688; taxes apply to Canadian residents & delivery locations in Canada.

ACA values the privacy of its members and customers. All information collected is retained and used solely in accordance with our Privacy Policy, which adheres to the *Personal Information Protection and Electronic Documents Act (Canada)*. The use of all information collected is restricted to Association purposes. Visit www.archivists.ca to view our policy.