

DEPARTMENTAL ASSOCIATION REGISTRATION 2024-2025

Date: (DD/MM/YYYY) ___/___ – Next elections (end of mandate) : ___/___(DD/MM/YYYY) Please add your election result beside your executive.

Please print clearly

The GSAÉD needs the following information (clearly written) in order to disburse the money to which your association is entitled:

Name of the Association:

Association's website:

Office location / address on campus:

Association's e-mail (will be posted on GSAÉD's website):

Contact person's name (will be posted on GSAÉD's website):

GSAÉD BOD Rep.*** seating as an elected at GSAED monthly meetings:

CUPE Steward:

* Steward email:

• This information will be shared with CUPE 2626 if provided.

Executive of the Association

A minimum of two graduate students' names is required

Position / Results	Name	Email	Phone

Bank Account Information: please attached a void cheque or direct deposit form

Each departmental association must have two executive members with signing authority to their bank account:

1) _____ 2) ____

Constitution of the Association

Does your Association possess a constitution? Yes _____ No__

If not, one should be written as soon as possible and sent to the GSAÉD office.

It is the delegate's responsibility to attend the monthly Council meetings. The GSAÉD may choose to withhold funds from a Departmental Association if too many meetings are missed.