Institutional application for membership with the Canadian Federation for the Humanities and Social Sciences

*required field

Section A: General
Institution name (English):
_____________________________________________________________________________________

Institution name (French):
_____________________________________________________________________________________

Acronym (English): ____________________ Acronym (French)*: ____________________ Year established: _____________________

*Only provide official institution names and acronyms used on the institution website (i.e. if there is no official French version of the institution name, omit this field).

Website: __________________________________________ Twitter: __________________________

Facebook: __________________________________________ LinkedIn: _________________________

Instagram: __________________________________________ YouTube: _______________________

Objectives or purpose:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Section B: President and key contacts
Please fill in contact information for each of these positions OR attach a separate list to this application form. For any positions that are not applicable, leave the fields blank.

President*
The president of the institution will be the official representative to the Federation.

Salutation: _______ First name*: ____________________________ Last name*:
_____________________________________________________________________________________

Email*:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Job title: _____________________________________________________________

Department/Faculty:_____________________________________________________________________________________

Mailing address*: _______________________________________________________________________________________

Telephone: ____________________________ Is this a work or home address?

Primary administrative contact*

*Receives a copy of all communications the Federation sends to its members.

Salutation: _______ First name*: ________________________________ Last name*:

_____________________________________________________________________________________

Email*:

_____________________________________________________________________________________

Job title: _____________________________________________________________

Department/Faculty:_____________________________________________________________________________________

Mailing address*:

_____________________________________________________________________________________

Telephone: ____________________________ Is this a work or home address?

Billing contact*

*Receives Federation invoices.

Salutation: _______ First name*: ________________________________ Last name*:

_____________________________________________________________________________________

Email*:

_____________________________________________________________________________________

Job title: _____________________________________________________________
Department/Faculty:

_____________________________________________________________________________________

Mailing address*:

_____________________________________________________________________________________

Telephone: __________________________________________ Is this a work or home address?

__________________________

Executive Assistant to the President (recommended)

Salutation: _______ First name*: ____________________________ Last name*:

_____________________________________________________________________________________

Email*:

_____________________________________________________________________________________

Job title:

_____________________________________________________________________________________

Department/Faculty:

_____________________________________________________________________________________

Mailing address*:

_____________________________________________________________________________________

Telephone: __________________________________________ Is this a work or home address?

__________________________

Vice-President, Academic (recommended)

Salutation: _______ First name*: ____________________________ Last name*:

_____________________________________________________________________________________

Email*:

_____________________________________________________________________________________

Job title:

_____________________________________________________________________________________

Department/Faculty:

_____________________________________________________________________________________

Mailing address*:

_____________________________________________________________________________________

Telephone: __________________________________________ Is this a work or home address?

__________________________
**Vice-President, Research (recommended)**

Salutation: _______  First name*: ____________________________  Last name*:
________________________________________

Email*:
________________________________________

Job title:
________________________________________

Department/Faculty:
________________________________________

Mailing address*:
________________________________________

Telephone: ____________________________  Is this a work or home address?
________________________________________

**Dean, Arts/Humanities/Social Sciences (recommended)**

Salutation: _______  First name*: ____________________________  Last name*:
________________________________________

Email*:
________________________________________

Job title:
________________________________________

Department/Faculty:
________________________________________

Mailing address*:
________________________________________

Telephone: ____________________________  Is this a work or home address?
________________________________________

**Communications contact (recommended)**

*Coordinates with Federation team to disseminate information.*

Salutation: _______  First name*: ____________________________  Last name*:
________________________________________

Email*:
________________________________________

Job title:
________________________________________

Department/Faculty:
________________________________________

Mailing address*:
________________________________________
Other contact (optional)

Salutation: _____  First name*: ___________________________  Last name*:

________________________________________

Email*:

________________________________________

Job title:

________________________________________

Department/Faculty:

________________________________________

Mailing address*:

________________________________________

Telephone: _______________________________  Is this a work or home address?

________________________________________

Other contact (optional)

Salutation: _____  First name*: ___________________________  Last name*:

________________________________________

Email*:

________________________________________

Job title:

________________________________________

Department/Faculty:

________________________________________

Mailing address*:

________________________________________

Telephone: _______________________________  Is this a work or home address?

________________________________________
Section C: Eligibility
Please indicate whether the institution meets each of these membership criteria:

☐ supports the vision, mission and goals of the Federation

☐ has a program of activities with substantial humanities and/or social science content relating to the objectives of the Federation

☐ has received a Charter or other relevant legal permission by the relevant Canadian governmental authority to provide not for-profit postsecondary education and/or research

☐ accepts the by-laws of the Federation, subject to regular amendment procedures

☐ agrees to pay membership fees as set by the Federation Board of Directors

Section D: Supporting documentation
Please attach copies of the following to this application:

☐ constitution or charter

☐ list of current officers and members of governing board

☐ the last annual report

☐ evidence of corporate and non-profit status

Section E: Number of students and faculty
Please indicate the total number of students and faculty at the institution in all disciplines:

Full-time students: ____________________

Part-time students: ____________________

Faculty: ____________________

Section F: Federation’s membership fees
Membership fees for institutions are based on total enrolment figures as obtained by Universities Canada and is levied on each fulltime equivalent (FTE) student, with each part-time student counting as 0.25 of FTE. These fees are subject to change as determined by the Federation Board of Directors.

Fee schedule for the membership year January 1 to December 31, 2024: $0.67 / FTE student

*Minimum fee charged: $500.0

Section G: Agreement statement
Please sign this application, and return it along with supporting documentation to the Federation.
The institution agrees to:

- become a member of the Canadian Federation for the Humanities and Social Sciences
- pay the annual Canadian Federation for the Humanities and Social Sciences membership fees
- ensure that the Canadian Federation for the Humanities and Social Sciences has up-to-date contact information for the institution’s president and key contacts

I certify that the information provided in this application is accurate to the best of my knowledge and that I am authorized to submit this application on behalf of the institution.

Signature*: ______________________________________________ Date*:

Name (print)*: ______________________________________________

Email*: ______________________________________________________

______________ Job title:

______________________________

Department/Faculty:

Mailing address*:

Telephone: ______________________________________________
Please send completed form and requested documents to:

Federation for the Humanities and Social Sciences
200-141 Laurier Avenue West
Ottawa, ON K1P 5J3
Tel: 613-238-6112
Fax: 613-238-6114
E-mail:

membership@federationhss.ca

www.federationhss.ca

Please note: All membership applications must be approved by the Federation Board of Directors. The first invoice for membership fees will be sent after the application has been approved.