



Athabasca University Faculty Association

Member Emergency Fund

Promissory Note

AUFA OFFICE USE

Reference Number (MEF-YYYYMMDD-##):	
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Borrower Information

Name:	
Mailing Address:	
Non-AU Email Address:	
Non-AU Phone Number:	

Lender Information

Name:	Athabasca University Faculty Association (AUFA)
Mailing Address:	1 UNIVERSITY DRIVE ATHABASCA, AB, T9S 3A3 CANADA
Email Address:	AUFAHQ@AUFA.CA
Phone Number:	(780)675-6282

Loan Terms

Principle Amount of Loan:	
Interest Rate:	
Issuance Date:	
Repayment Commencement Date:	
Repayment Schedule:	
Expected Date of Final Payment:	
Additional Terms:	



Signatures

By signing below, I acknowledge that I have read and understood the AUFA Member Emergency Fund Policy and that I have read and understood the above loan terms. I certify all information included on this form to be true and correct.

Borrower Name	AUFA Executive Director Name	AUFA Treasurer Name
Borrower Signature	AUFA Executive Director Signature	AUFA Treasurer Signature

Date

Date

Date