

**The University of North Carolina - Chapel Hill**  
**APPLICATION FOR REGISTRATION AS UNC AFFILIATE**

**Affiliate Bio-Demo Information:**

PID: \_\_\_\_\_  
If already have one

Legal Name: \_\_\_\_\_  
First Middle –not just initial Last

Suffix: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Male  Female

SSN\* \_\_\_\_\_

Home Address: \_\_\_\_\_

Business/Campus Address: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Business \_\_\_\_\_

Email Address: \_\_\_\_\_

**Affiliation Information:**

Dept No. \_\_\_\_\_ UNC – CH Host Department/ School: \_\_\_\_\_

Affiliate Type:

<input type="checkbox"/> Campus Ministries / Hillel	<input type="checkbox"/> Summer Group	OHR APPROVAL REQUIRED
<input type="checkbox"/> Carolina Club Employee	<input type="checkbox"/> Friday Center Staff	
<input type="checkbox"/> Carolina Dining Employee	<input type="checkbox"/> Preceptor	
<input type="checkbox"/> EHS Associate	<input type="checkbox"/> Committee/Board Member	
<input type="checkbox"/> External Employee	<input type="checkbox"/> Emergency Official	
<input type="checkbox"/> Fellow – Unpaid	<input type="checkbox"/> AHEC Affiliate	
<input type="checkbox"/> US EPA	<input type="checkbox"/> Student - Grants PI	
<input type="checkbox"/> Research Collaborator	<input type="checkbox"/> Hospital Associate	
<input type="checkbox"/> UNC Trustee	<input type="checkbox"/> Emeritus Faculty	
<input type="checkbox"/> University Temp Svcs Employee	<input type="checkbox"/> Retiree	
<input type="checkbox"/> Other Contractor/Consultant	<input type="checkbox"/> Other Affiliate	Approved by OHR <input type="checkbox"/> Yes <input type="checkbox"/> No

Dates Registered: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

On Campus  Yes  No      One Card Needed  Yes  No       Full Time  Part Time

Affiliate Title: \_\_\_\_\_

Sponsors PID \_\_\_\_\_ Sponsors Name \_\_\_\_\_

Sponsors Email \_\_\_\_\_ Sponsors Phone \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\*\* This is for positions NOT paid by UNC Payroll only. Please make sure that UNPAID is listed in Affiliate Remarks when submitted by HR.\*\*

By signing below, you authorize the individual named above to obtain a PID number for official Campus business. The signer, also, acknowledges responsibility for this individual's actions while utilizing Campus Services.

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note:* Affiliates are defined as any person who is not paid by or is not attending the University of North Carolina at Chapel Hill and requires University Resources to work in conjunction with UNC-Chapel Hill. Affiliates must have a UNC-Chapel Hill sponsor. Please be aware that PID processing can take up to **two business days**. Please give this form to your departmental HR Representative for processing.

*If needing a One Card:* After approval in the Affiliate System by the PID Office go to the One Card office with a drivers' license, passport or military ID for identification purposes and the \$5 card fee. If the department would like to pay the fee, please contact the One Card Office 919-962-8024.

\* The Social Security Number is requested by the institution solely for administrative convenience and record keeping accuracy, and is requested only to provide a personal identifier for the internal records of the institution.