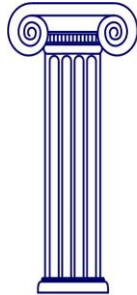


# ***APPLICATION FOR MEMBERSHIP***

***IN***



# **WLUF**

Wilfrid Laurier University  
Faculty Association

***I hereby make application for membership in the Wilfrid Laurier University Faculty Association (WLUF). I understand that membership in WLUF includes membership in the Ontario Confederation of University Faculty Associations (OCUFA).***

***Name:*** \_\_\_\_\_  
*(Please print)*

***Department:*** \_\_\_\_\_

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

***Signature:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_

***Please return this form, by inter-office mail, to the WLUF Office.***