

APPLICATION FOR MEMBERSHIP

IN

WILFRID LAURIER UNIVERSITY FACULTY ASSOCIATION

I hereby make application for membership in the Wilfrid Laurier University Faculty Association (WLUFA). I understand that membership in WLUFA includes membership in the Canadian Association of University Teachers (CAUT) and 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 WLUFA Office.