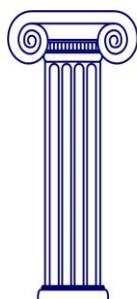


APPLICATION FOR MEMBERSHIP

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
or
scan and email to wluf@wlu.ca***