APPLICATION FOR MEMBERSHIP

IN

WLUFA
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 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
or
scan and email to wlufa@wlu.ca