



CONCORDIA UNIVERSITY FACULTY ASSOCIATION
ASSOCIATION DES PROFESSEURS DE L'UNIVERSITÉ CONCORDIA

MEMBERSHIP APPLICATION FORM

Application for membership in the Concordia University Faculty Association certified as a union under the Labor Code of Quebec.

PLEASE PRINT CLEARLY AND RETURN TO L-HB 109

Tenure / Probationary LTA ETA Visiting / Scholar / Research

Mr. ___ Ms. ___ Last Name: _____ First Name: _____

Department: _____

Date Contract starts: _____

Campus: SGW LOYOLA Building: _____ Office door #: _____

Telephone: _____

E-Mail Address CONCORDIA: _____

E-Mail Address external: _____

I, the undersigned, hereby apply for membership in the Concordia University Faculty Association. I agree to observe the statutes and by-laws of this organization and to pay my membership dues as established by the union.

Date: _____ Signature: _____

Office use only: MD ___ MA ___ ML ___ LS ___