

CONFIDENTIAL

Acadia University Faculty Association

I, _____ the undersigned of the School/Department of _____, Acadia University, Wolfville, NS, authorize the Acadia University Faculty Association to act as my collective bargaining agent and I agree to be bound by the constitution of Acadia University Faculty Association. This document constitutes either an affirmation of membership in the AUFA or an application for membership in the AUFA.

SIGNATURE OF APPLICANT

SIGNATURE OF WITNESS

DATE

CONTACT INFORMATION

E-mail address: _____

Mailing address: _____
