

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: _____
