



# Membership Application

I hereby apply for and accept Membership in the Laurentian University Faculty Association (LUFA) and agree to abide by its Constitution.

## PERSONAL INFORMATION

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Full Name : \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Department/School : \_\_\_\_\_

Office E-Mail : \_\_\_\_\_

Return to: LUFA Office: L-628 Parker Building, (705) 675-1151 ext. 4290,  
Fax (705) 419 – 2926, [lufaoffice@lufappul.org](mailto:lufaoffice@lufappul.org)

## LUFA MEMBER INFORMATION

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Full Name : \_\_\_\_\_

Address : \_\_\_\_\_

Home Phone : \_\_\_\_\_

Office Phone : \_\_\_\_\_

Fax : \_\_\_\_\_

Personal Email : \_\_\_\_\_