



Laurentian University Faculty Association (LUFA)

Membership Application

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

Name: _____

Signature: _____

Date: _____

Department/School: _____

Office E-Mail: _____

Return to: LUFA Office: L-628 Parker Building, (705) 675-1151 ext. 4290,
Fax (705) 673-6536, lufa@laurentian.ca

LUFA Member Information

Name: _____

Address: _____

Home Phone: _____

Office Phone: _____

Fax: _____

Personal Email: _____