DATE: _____

QUEEN'S UNIVERSITY FACULTY ASSOCIATION (QUFA)
Membership Form

Yes, I would like to join QUFA. Please fill in the information below.

PLEASE PRINT

Name: _____

Type of Appointment:

- ❑ **Tenure/Tenure-track**
- ❑ **Special**
- ❑ **Non Renewable**
- ❑ **Librarian/Archivist:**
  - ❍ **Continuing**
  - ❍ **Contract**
- ❑ **Adjunct - Continuing**
- ❑ **Adjunct - Term**
- ❑ **Other (Please Explain)**

Department/School: _____

Faculty: _____

Office Telephone: _____

Home Telephone: _____

Signature: _____

Please return by Campus Mail to:

QUFA Office
9 St. Lawrence Ave.
Telephone: 613-533-2151
Fax: 613-533-6171
E-mail: qufa@queensu.ca

PLEASE NOTE: No confirmation message will be sent.