

DATE: \_\_\_\_\_

**QUEEN'S UNIVERSITY FACULTY ASSOCIATION  
Sessional Adjunct Bargaining Unit (SABU) Membership Form**

Yes, I would like to join QUFA. Please fill in the information below. (PLEASE PRINT)

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

Title: \_\_\_\_\_

Rank \_\_\_\_\_

Teaching Term(s) Academic Year \_\_\_\_\_

- Adjunct Lecturer
- Adjunct Assistant Professor
- Adjunct Associate Professor
- Adjunct Professor
- Professor Emeritus

- Spring
  - Summer
  - Fall
  - Winter
- (check all that apply)

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

Faculty: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

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

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

Please return by Campus Mail to:

**QUFA Office  
9 St. Lawrence Ave.  
Telephone: 533-2151  
Fax: 533-6171  
E-mail: [QUFA@post.queensu.ca](mailto:QUFA@post.queensu.ca)**