

**Application for Membership in the
VANCOUVER ISLAND UNIVERSITY FACULTY ASSOCIATION**

(Please print) I, _____ of

(Mailing address) _____
Street City/Prov.

Postal Code Home and/or Cell Phone #

(Alternate e-mail) _____

apply for membership in the Vancouver Island University Faculty Association (VIUFA), agree to abide by its Constitution and By-Laws, and authorize VIUFA to be my exclusive bargaining agent. I certify that I am presently employed at Vancouver Island University as a:

- REGULAR FULL-TIME FACULTY MEMBER []
- TEMPORARY FULL-TIME FACULTY MEMBER []
- REGULAR PART-TIME FACULTY MEMBER []
- TEMPORARY PART-TIME FACULTY MEMBER []

- PROFESSOR/INSTRUCTOR []
- LIBRARIAN []
- COUNSELLOR []
- TECHNICIAN []
- ADVISOR []
- OTHER _____ []

DEPARTMENT: _____

CAMPUS LOCATION: _____
(e.g. Nanaimo, Cowichan, Powell River or Parksville)

STARTING DATE: _____

END DATE (if temporary): _____

SIGNED: _____ DATE: _____

Note 1: Membership is not compulsory.

Note 2: The VIUFA and Vancouver Island University use the Rand Formula. This means that payment of association dues and fees is not optional, but is a condition of employment.

Association dues are tax deductible.

