

**Application for Membership in the Mount Allison Faculty Association**

I \_\_\_\_\_ (*print name*) hereby apply to become a member of the Mount Allison Faculty Association and agree to abide by its Constitution and By-laws.

Signed: \_\_\_\_\_

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

Received: \_\_\_\_\_  
(*this line completed when received in MAFA Office or by MAFA Executive Member*)

**MAFA Member Information**

*While the Faculty Association will already have most of the information requested below, it would be helpful to us if you could complete this section so that we can confirm the accuracy of our records.*

My position is as a:

Full Time Librarian

Tenure Track Faculty Member

Part Time Librarian

Limited Term Faculty Member   
(including sessional, post/predoctoral fellow)

Part Time Faculty Member

Department: \_\_\_\_\_

University E-mail: \_\_\_\_\_

Other E-Mail: \_\_\_\_\_

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

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

*If you have any questions about the Mount Allison Faculty Association please contact the Faculty Association office by phone (364-2289), e-mail ([mafa@mta.ca](mailto:mafa@mta.ca)), or in person (Room G2 in the basement of Centennial Hall).*