



TRENT UNIVERSITY FACULTY ASSOCIATION	
ASSOCIATE MEMBERSHIP APPLICATION	
<b>APPLICANT INFORMATION</b>	
Name:	
Street Address:	
City:	
Province:	
Postal Code:	
Telephone:	
Email:	
Former TUFA member? Yes/No	
I wish to apply for Associate Membership in the Trent University Faculty Association. Enclosed is my \$25 annual dues payment for the current year (July through June).	
Signature:	Date:

TRENT UNIVERSITY FACULTY ASSOCIATION

1600 West Bank Dr., CC E2

Trent University K9J 7B8

trentfaculty.ca