



St. Jerome's University
Academic Staff Association

Association Membership Application

RETURN FORM TO SJUASA SECRETARY

I, _____ (print name), have signed my name below to apply for membership in the St. Jerome's University Academic Staff Association to show that I agree to abide by its constitution and by-laws and to authorize the union to be my only bargaining agent.

Signature: _____

Date: _____

Received by: _____

On (date): _____

Member Information

Address: _____

Home Phone: _____

Cell Phone: _____

UW Email: _____

Non-UW Email: _____