



ASSOCIATION DES PROFESSEUR(E)S DE BISHOP'S UNIVERSITY  
ASSOCIATION OF PROFESSORS OF BISHOP'S UNIVERSITY

Membre de la Fédération québécoise  
des professeurs et professeurs  
d'université (FQPPU)

Member of  
Canadian Association of  
University Teachers (CAUT)

**APPLICATION FOR MEMBERSHIP**

**Association of Professors of Bishop's University**

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Tel. No. \_\_\_\_\_  
                    Number Street                      City

OCCUPATION: \_\_\_\_\_ HOME EMAIL: \_\_\_\_\_

I, the undersigned, freely and voluntarily hereby apply for membership in the Association of Professors of Bishop's University. I pledge my honour to faithfully observe the Constitution and laws of this Association, to promote its interests and further its principles.

I hereby authorize the Association of Professor of Bishop's University, its agents or representatives to act on my behalf as my exclusive representative in all matters concerning certification, incorporation and collective agreements.

I certify that I have paid this day personally the sum of Two dollars (\$2.00) as an initiation fee.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Received by : \_\_\_\_\_