



**APPLICATION FOR MEMBERSHIP**

**NAME:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_  
**OFFICE:** \_\_\_\_\_ **PHONE (OFFICE):** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_ **PHONE (HOME):** \_\_\_\_\_  
(if possible)

I hereby apply for an accept membership in the Carleton University Academic Staff Association and agree to abide by its Constitution and Bylaws.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Email completed cards to CUASA Office Manager: [deborah.jackson@cuasa.ca](mailto:deborah.jackson@cuasa.ca)

The email you provide above is the one that CUASA will use. Should there be a change to your email address or you wish to change it, please notify the CUASA office.

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