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| RX [ ] | ML [ ] LAB [ ] | ELECT [ ] | C/C [ ] | CNEWS [ ] | CAUTB [ ] |
| ACUASA EMAIL [ ] | HBK/LET [ ] | CUINFO [ ] | CUASA-MEMBERS [ ] | ACCESS [ ] [ ] |

**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**

**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.**

For Office Use Only:

**Carleton University Academic Staff Association**

**2003 Dunton Tower, Carleton University, 1125 Colonel By Drive, Ottawa, Ontario K1S 5B6**