# SASKATCHEWAN POLYTECHNIC
# FACULTY ASSOCIATION
# MEMBERSHIP REGISTRATION

## 1. PERSONAL INFORMATION:

_____    _____    _____

First Name                         Middle Name                        Last name

_____    _____    _____

Mailing Address                                     City, Town/Province                 Postal Code

_____    _____        Gender:   Female     Male

S.I.N.                             Birthday (M/D/Y)

_____    _____    _____

Home Phone No.                     Cell Phone No.              Home E-Mail Address

## 2. EMPLOYMENT AND WORKPLACE INFORMATION:

Saskatchewan Polytechnic:     Moose Jaw Campus
                              Prince Albert Campus
                              Regina Campus
                              Saskatoon (Idylwyld Dr.) Campus
                              Saskatoon Administrative Offices

_____    _____    _____

Position Title                     Job Start Date (D/M/Y)     Job End Date (D/M/Y)

_____        Job Type:   Full Time     Part Time

Program

## 3. AUTHORIZATION

**I hereby apply for membership in the Saskatchewan Polytechnic Faculty Association and authorize said Association, its agencies or representatives to represent me, as my exclusive bargaining agent, in any negotiations, concerning rates of pay, hours or work or other conditions of employment, with my employer.**

**I also authorize my employer to deduct, from the salary, dues, initiation fees and assessments as may be directed by the Association in accordance with its constitution. I further authorize my employer to remit the amount so deducted to the Secretary/Treasurer of the Union. I further authorize the information provided herein to be used by SPFA in accordance with the appropriate privacy laws.**

_____    _____

**Member's Signature**              **Check Box Denotes Signature**          **Date (D/M/Y)**

**Distribution:**        **Original – Employee File**         **Copy – Payroll**

**Scan to SPFA:**        **SPFA office  info@spfa.ca**          **SPFA Campus VP**