

Faculty Association of Simon Fraser University

Membership Dues Form

The bargaining unit represented by the Faculty Association includes all full time and part-time faculty (including limited term faculty), librarians, archivists and laboratory instructors. Person holding visiting or sessional appointments are excluded from the bargaining unit even if the term of appointment or of successive appointments exceeds one year.

Article 4.2 of the Framework Agreement states, in part:

"except as specified below, it shall be a condition of employment that each member of the bargaining unit appointed during the term of this Agreement join, and pay membership dues to, the Association. An exception shall be made to this provision for a person who affirms a conscientious objection to membership in the association in which case that employee shall pay to a recipient mutually agreed upon by the University and the Association an amount equivalent to membership dues."

You are, therefore, assumed to be a member of the Faculty Association from the start of your appointment unless you affirm a conscientious objection to membership in the Association, which you may do by signing the declaration below:

I affirm a conscientious objection to membership in the Faculty Association of Simon Fraser University.

Signature: _____ Date: _____

Fault Name (print): _____ Dept: _____

COMPLETE SECTIONS I & 2 BELOW & RETURN THIS FORM WITH THE SIGNED CONTRACT

1. Payment of Dues of Amount Equivalent to Dues

"To Simon Fraser University:

Until this assignment is revoked by me in writing, I hereby authorize you to deduct from my salary a sum equivalent to the membership dues in the Faculty Association fixed annually in accordance with its constitution, and to pay that sum to the Faculty Association if I am a member, or to the approved recipient if I have affirmed conscientious objection to membership in the Association by signing the statement above."

Signature: _____ Date: _____

Full Name (print): _____ Dept: _____

SFU Email address: _____

2. General Information

Please select preferred title: Dr. Mr. Mrs. Ms. Prof.

Home Address: _____

Appointment: _____
(e.g. Assistant Professor, Librarian II, Laboratory Instructor 1, Sr. Lecturer, etc.)

Please circle all the apply: Limited Term 1st Appt Part-time Less than 1 year

Start date of appt.: _____ End date of appt.: _____

PLEASE COMPLETE A NEW FORM FOR EVERY APPOINTMENT, AND SUBMIT TO FACULTY RELATIONS.

PLEASE RETAIN A COPY FOR YOUR RECORDS.