

# 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. Persons 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 2 of the Collective Agreement states, in part:

It will be a condition of employment that each Member of the bargaining unit join, and pay membership dues to the Association. An exception will be made to this provision for a person who affirms a religious objection to membership in the Association as per Section 17 of the British Columbia Labour Relations Code, in which case that employee will pay an amount equivalent to membership dues to a charitable organization, registered as such under the Income Tax Act and mutually agreed upon by the parties.

**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: \_\_\_\_\_

Full Name (print): \_\_\_\_\_ Dept: \_\_\_\_\_

## COMPLETE SECTIONS 1 & 2 BELOW & RETURN THIS FORM WITH THE SIGNED CONTRACT

### 1. Payment of Dues of Amount Equivalent to Dues

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 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, Sr. Lecturer, etc.)

Please check all that apply  Limited Term  1<sup>st</sup> 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.**