

**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.

Under Article 2 of the Collective Agreement, it is a condition of employment that each Member of the bargaining unit join and pay membership dues to the Association, subject to limited religious exemptions governed by the B.C. Labour Relations Code (see below).

Under Section 17 of the B.C. Labour Relations Code, an employee can ask the B.C. Labour Relations Board to make an order that says they do not have to join or pay dues to a union because it is against their religious beliefs. This order is called a religious exemption. To ask for an order for a religious exemption, an employee must make an application to the Board. Where an exemption from membership is granted, 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. Employees who believe they may be exempt may contact Faculty Relations or the Faculty Association for more information, or access information provided by the Labour Relations Board: [Religious exemption | Labour Relations Board of British Columbia \(lrb.bc.ca\)](http://Religious%20exemption%20-%20Labour%20Relations%20Board%20of%20British%20Columbia%20(lrb.bc.ca).).

PLEASE COMPLETE & RETURN THIS FORM WITH THE SIGNED CONTRACT

Authorization for Deduction for payment of Dues or 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 (currently 0.685% of salary), and to pay that sum to the Faculty Association or to the approved charitable organization if I am exempt from union membership as a result of my religious beliefs.

Signature: _____ Date: _____

Full Name (print): _____ Department: _____

SFU Email address: _____ Appointment: _____

Start Date: _____ Part-time Full-time

A copy of this form is sent to Faculty Relations and to the Faculty Association, for the purposes of confirming union membership and authorizing the deduction of union dues from the employee’s pay cheque.

**PLEASE COMPLETE THIS FORM AND SUBMIT TO FACULTY RELATIONS.
PLEASE RETAIN A COPY FOR YOUR RECORDS.**