

**FACULTY ASSOCIATION**  
**MEMBERSHIP INFORMATION FORM**

The Faculty Association is updating its membership contact information in accordance with our obligations under Section 70 of the Societies Act, which requires us to maintain records of your home residential address. We would appreciate your filling out this form and returning it to the Faculty Association office (Room 3085 Admin Building) in the enclosed envelope.

Please note that this information is protected under the Freedom of Information and Protection of Privacy Act.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_