

TRU Association of Professional Administrators



Application for Membership

Name _____

Address _____

Telephone: _____ TRU ID: _____

I the undersigned apply for membership in the Thompson Rivers University Association of Professional Administrators and agree to be bound by its constitution and by-laws. In applying for membership, I understand that the Association will represent the collective interests of APA members, including but not limited to, representation before the Executive and the Board of TRU in matters pertaining to terms and conditions of employment.

Further, as required by the Freedom of Information and Protection of Privacy Act, I hereby give consent for Thompson Rivers University to provide my current address, telephone number, social insurance number, and information related to my employment to the Association.

I also hereby authorize Thompson Rivers University to deduct association dues on behalf of the Thompson Rivers University Association of Professional Administrators.

Signature of Applicant

Date

TO: THOMPSON RIVERS UNIVERSITY

I hereby authorize Thompson Rivers University to deduct from my wages and remit to the Thompson Rivers University Association of Professional Administrators dues in the amount of \$5 per month, or such other amount that may be established from time to time by the Association of Professional Administrators.

Printed Name

Signature

Date

Scan and email to: payroll@tru.ca and copy APA-EXEC@tru.ca