



*Society for Academic Freedom  
and Scholarship*

**Return To:**

Society for Academic Freedom and Scholarship

6593 rue Jeanne-Mance, Montreal (QC) H2V 4L1

## Membership Application Form:

Please enroll (or renew) me as a member of the Society for Academic Freedom and Scholarship. I support the Society's Goals.

Signature: \_\_\_\_\_

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

*Home Address:*

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

(Please specify preferred address for the Newsletter)

*Work Address:*

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_