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2018-20

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Name & Title _____

F/T or P/T Status Rank _____ Total Years of Service _____

Department _____

College: CPS () EDU () LIB () PHA () SJC () TCB ()

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Home Address _____

Telephone Number _____

E-mail (Please print clearly) _____@stjohns.edu

Dues for full-time faculty members are \$50.

Dues for continuing adjunct faculty members are \$20. (Note: Adjunct faculty members may join after they have taught for four continuous fall/spring semesters at the University.)

Please make your check payable to:

FACULTY ASSOCIATION AT ST. JOHN'S UNIVERSITY.

Please return this completed form and your check to:

Dr. James F. Curley, FA Interim Treasurer
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8000 Utopia Parkway
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