



ASSOCIATION OF EMPLOYEES SUPPORTING EDUCATION SERVICES

APPLICATION FOR MEMBERSHIP

I hereby apply for membership in the Association of Employees Supporting Education Services:

Personal Info:

Miss Ms. Mrs. Mr.

Last Name: _____ Middle Name: _____

First Name: _____ Home Phone #: _____

Home Address: _____

City: _____ Postal Code: _____

Employer Info:

University of Manitoba University of Winnipeg St. Andrew's College

Department: _____

Office Address: _____

Work Email Address: _____ Work Phone #: _____

Signature: _____ Date (DDMMYY): _____

Witnessed By: _____ Signature of Witness: _____
Other AESES Member (Please Print)

Please Note: AESES protects all information provided within this application. Signing this form is your consent for AESES to collect information that the Association will use to communicate with you. AESES will not share this information with any other member or organization, for any reason.