



# 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       The 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.