



## ASSOCIATION OF EMPLOYEES SUPPORTING EDUCATION SERVICES MEMBERSHIP APPLICATION

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

### PERSONAL INFO:

SURNAME (LAST) NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ PHONE (HOME): \_\_\_\_\_

EMAIL ADDRESS (PERSONAL): \_\_\_\_\_

ADDRESS (HOME): \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

### EMPLOYER INFO:

UNIVERSITY OF MANITOBA

THE UNIVERSITY OF WINNIPEG

ST. ANDREW'S COLLEGE

DEPARTMENT: \_\_\_\_\_

ADDRESS (OFFICE): \_\_\_\_\_

EMAIL ADDRESS (WORK): \_\_\_\_\_ PHONE (WORK): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE (MM/DD/YYYY): \_\_\_\_\_

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.

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