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## Associate Membership Form

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Last Name, First Name

Middle Name (s)

Teaching Certificate Number

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Address

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City

Province

Postal Code

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Phone (Home or Cell)

Email address

If your address changed within the last year, please provide your former address:

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The above information will be maintained and used for the purposes of processing your application, providing membership privileges, and generating statistical information related to the administration of The Manitoba Teachers' Society.

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Signature

Date

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