

Associate Membership Form

Last Name, First Name Middle Name(s) Teaching Certificate Number

Street Address and/or Box Number

City or Town

Postal Code

Phone Number (indicate Home or Cell)

Gender: Male Female

Home E-mail Address

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

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.

Signature

Date