

MEMBERSHIP FORM



THE
ASSOCIATES
Asper School of Business

First Name: _____

Last Name: _____

Birth Date: _____

Alumni: Asper Alum Asper MBA U of M Alum Other

Professional Designations: _____ Professional Title: _____

Company Name: _____

Address: _____

City, Province: _____ Postal Code: _____

E-Mail: _____ Website: _____

Phone: _____ Cell: _____

Referred By: _____

*I permit use of my **full name** and **company name** on the web site or similar printed document, available to the general public. I permit my **full name, title, company, mailing address, telephone, fax, email, and web site URL** for the Membership Directory or similar printed document available to members only.*

Signature: _____ Date: _____

MEMBERSHIP FEE

The contribution of **\$1300 annually** is both a charitable contribution and a membership fee. The member receives a \$1075 charitable tax receipt and a \$225 business receipt that entitles the member to participate in all events and programs at no cost with the exception of IDEA.

PAYMENT METHOD

Cheque: Payable to: The University of Manitoba Business School Foundation Inc.
547-181 Freedman Crescent, University of Manitoba, Winnipeg, MB R3T 5V4

Visa / MasterCard:

Card No: _____ / _____ / _____

Expiry Date: _____ / _____

Cardholder: _____

Signature: _____ Date: _____

ASSOCIATES PROFILE

associatesmb.ca

280 + MEMBERS

57 % C-SUITE EXECUTIVES

31% PARTNER, VICE-PRESIDENT

12% DIRECTOR, SENIOR MANAGER & OTHERS

47% ASPER ALUMNI

18% U OF M ALUMNI

35% NON-ALUMNI

COMMITTED TO EXCELLENCE
IN BUSINESS EDUCATION

