Name:	
Title:	
Company Na	ne:
Designations	Date of Birth (YYYY/MM/DD):
Asper Alu	nni Asper MBA U of M Alumni (non-Asper) Other:
Address:	
City:	Province: Postal Code:
Email:	Website:
Phone #:	Cell #:
Referred by:	
As a new Assosupport to ne ASSOCIATE: Would you like events? I consent the uable to the publiconsent the u	BUDDY PROGRAM iate you have the option to be paired with a Buddy. A Buddy is an Associate who provides a Associates. Would you like to be paired with a Buddy? SPEAKERS DIRECTORY It to volunteer as a speaker, mentor, judge or present in Asper classes and student-led fees No Reference of my name and company name on The Associates website or similar printed document available. The first printed document available to members only. Yes No
	FEE 300 (\$1075 charitable tax receipt \$225 business receipt complimentary access to all ts and programs excluding IDEA)
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Signature:	Date:

365+ • MEMBERS

53% : C-SUITE EXECUTIVES

26% • PARTNERS, VICE PRESIDENTS

21% DIRECTORS, SENIOR MANAGERS & OTHERS

43% • ASPER ALUMNI

67% U OF M ALUMNI

33% NON-ALUMNI



