



Name: _____

Title: _____

Company Name: _____

Designations: _____ Date of Birth (YYYY/MM/DD): _____

Asper Alumni Asper MBA U of M Alumni (non-Asper) Other: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Website: _____

Phone #: _____ Cell #: _____

Referred by: _____

ASSOCIATES BUDDY PROGRAM

As a new Associate you have the option to be paired with a *Buddy*. A *Buddy* is an Associate who provides support to new Associates. Would you like to be paired with a *Buddy*? **Yes** **No**

ASSOCIATES SPEAKERS DIRECTORY

Would you like to volunteer as a speaker, mentor, judge or present in Asper classes and student-led events? **Yes** **No**

*I consent the use of my **name** and **company name** on The Associates website or similar printed document available to the public.* **Yes** **No**

*I consent the use of my **name, title, company, mailing address, telephone, email, and web URL** for the Membership Directory or similar printed document available to members only.* **Yes** **No**

MEMBERSHIP FEE

Annual fee: \$1400 (\$1175 charitable tax receipt | \$275 business receipt | complimentary access to all Associate events and programs excluding IDEA)

PAYMENT METHOD

1) Cheque payable to:

The University of Manitoba Business School Foundation Inc.
610-181 Freedman Crescent, University of Manitoba, Winnipeg, MB R3T 5V4

2) Visa/MasterCard/Amex:

Card No: _____

Expiry Date: _____ Cardholder: _____

Signature: _____ **Date:** _____