

Special Area Group Membership Registration: MMYA

First Name: _____

Last Name: _____

Address: (Number and Street or Box No.)

City/Town: _____

Postal Code: _____

Telephone:

School/Business: _____ - _____ - _____

Personal: _____ - _____ - _____

Employer/School Div.: _____

Position: _____

Grade Level(s) Taught: _____

School: _____

Email address: _____

Membership Information:

New Membership Membership Renewal

MTS Member? Yes No

Membership Type: Full/regular Student Associate

Amount enclosed:

\$20.00 (regular membership) \$10.00 (student membership)

(Make cheques payable to: The Manitoba Teachers' Society)

Send this form with payment to:

Information Management

The Manitoba Teachers' Society

191 Harcourt Street

Winnipeg, MB R3J 3H2