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Winnipeg, MB R3B 3J9
Phone: (204) 453-4539
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APPLICATION FOR AFFILIATE MEMBERSHIP

Name			**Address**		
City	**Province/State**		**Postal Code/Country**		
Email Address			**Phone Number**		
Occupation			**Employing Agency**		
Preferred Correspondence Method:	○ Regular Mail	○ E-Mail	**Have you applied for membership Previously?**	○ Yes	○ No
Reason for joining MSHA					
Membership in other professional organizations					

Education Overview:

Name of Institution	Location	Dates of Attendance	Degree	Major

I, the undersigned, have read the **Code of Ethics of MSHA**, and agree to abide by the ethical principles therein. I consent to the exchange of information between MSHA and the organizations listed above. I declare that all of the above information is complete and accurate.

_____ _____ _____

Signature Print Name Date

The yearly dues for Affiliate members is **$63.00** Canadian funds (includes 5% GST). You can pay by Cheque, Money Order, Cash, Interac, Visa or MasterCard. For Credit Card payments please include your information below.	
☐ Visa ☐ MasterCard	Card #:
Expiry Date:	Signature:

Privacy Statement: The information collected on this form will be treated as private and confidential. It is collected for the purpose of establishing the applicant's eligibility for membership with MSHA.