



Type of Membership (select one) <input type="checkbox"/> Initial (one year) <input type="checkbox"/> Renewal	Member # (office use only) _____	
Level of Membership: (select one)		
<input type="checkbox"/> Regular \$75.00	<input type="checkbox"/> Legacy \$50.00 Retired/Semi-retired	<input type="checkbox"/> Student \$25.00 Currently enrolled full time in post secondary with proof of registration

Contact Information (please print clearly)

Name: _____ Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #(s): _____ / _____

Organization: _____

Job Title: _____

Would you like your contact information shared on our “members only” page of our website for networking purposes? Yes No

By purchasing a MACD membership and signing this application form, I certify that all information provided herein is correct, and that I agree with and support MACD’s Mission & Goals.

Signature: _____ **Date:** _____

Method of Payment:

Cheque: # _____ Cash (in person)

E-transfer to: macd.information@gmail.com (*Please separately email answer to security question)

**Mail your completed application form and payment to: Manitoba Association for Career Development
P.O. Box 34084 Fort Richmond Winnipeg MB R3T 5T5 Email to: macd.information@gmail.com
or drop off at a MACD event or another location as advised by MACD representatives
Please remember to enclose payment of your membership fee – thank you! Do not mail cash**

Office Use Only

Received Date		Payment Enclosed	\$	Received By	
Effective Date		Expiry Date		Approved By	