Date:							
To be completed by candidates running for The University or by candidates in the fields marked "public" may be published Please do not submit this form unless you agree that this inf	ed on the University of Winnipeg Alur	nni website and in t	the AGM brochure.				
Name (public):	Ye	Year of graduation (public):					
University of Winnipeg degree(s) (public):	Other degree(s) (public):						
Address:	Postal Code:	City:	Province:				
Phone number (day):	Phone Number (eve	Phone Number (evening):					
E-mail:							
Occupation and employer:							
WHAT ROLE WOULD YOU LIKE TO HAVE ON THE ALUMNI CO	DUNCIL? NO MORE THAN 140 WOR	DS (PUBLIC)					

HIEVEMENTS, AND SPECIAL INTERESTS. NO MORE THAN 140 WORDS (PUBLIC)					

## PLEASE FORWARD COMPLETED FORM TO:

The University of Winnipeg Alumni Affairs Office

alumni@uwinnipeg.ca 204.988.7118