

**APPENDIX III - UNION MEMBERSHIP FORM**

**A.G.S.E.M**

**Term: Fall / Winter / Summer**                      **Year:** \_\_\_\_\_

McGill ID \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone number (Work) \_\_\_\_\_ (Home/Optional) \_\_\_\_\_

E-mail \_\_\_\_\_

Department \_\_\_\_\_

Degree (Ph.D./M.A.) \_\_\_\_\_ Year \_\_\_\_\_

Have you had a TAship prior to this appointment? (Yes/No) \_\_\_\_\_

The Association des étudiant