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## ORAL HISTORY CENTRE MEMBERSHIP

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UNIVERSITY OF WINNIPEG

To become a member of the Oral History Centre, please complete this form in full after completing the Introduction to Oral History Workshop and email it to:

[ki.moore@uwinnipeg.ca](mailto:ki.moore@uwinnipeg.ca)

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### NAME

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Name: \_\_\_\_\_

Department or Organization: \_\_\_\_\_

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### MEMBERSHIP TYPE

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Individual

UW Faculty/Staff

UW Student

JMP Student

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### CONTACT INFORMATION

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Email Address: \_\_\_\_\_

Mailing/Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_