



ABORIGINAL GOVERNMENT EMPLOYEES' NETWORK MEMBERSHIP FORM

PERSONAL INFORMATION: (PLEASE PRINT CLEARLY)

Full Name: _____

Work Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

EMPLOYMENT INFORMATION

Note: *The following information is used for statistical purposes only and will be held strictly confidential*

Ministry/Crown Corporation: _____

Start Date with Ministry/Crown Corporation: _____

Current Job Title: _____

Current Employment Status:

Out-of-scope _____ In-scope _____ Union _____

Permanent _____ Part-time _____ Term _____

Other (Please specify) _____

AGEN MEMBERSHIP STATUS

AGEN VOTING MEMBER

_____ *(Aboriginal employees of the Government of Saskatchewan who support the vision/mission of AGEN)*

AGEN ALUMNI

_____ *(Previous AGEN Voting Members who are no longer employed with the Government of Saskatchewan and who supports the vision/mission of AGEN)*

FRIEND OF AGEN

_____ *(Non-Aboriginal employees of the Government of Saskatchewan who support the vision/mission of AGEN)*

ABORIGINAL STATUS:

FIRST NATION _____ MÉTIS _____ INUIT _____

Please return membership form by e-mail to: agen@gov.sk.ca