



Membership #: _____

Application for Student Membership

1. **PERSONAL INFORMATION:**

Mr. Mrs. Ms. Miss

Full Name _____
First Name Middle Name Last Name

Mailing Address _____
Street No. & Name City Province Postal Code

Date of Birth (D/M/Y) Telephone No. Fax No. Email Address

2. **ACADEMIC INFORMATION:**

Engineering Student Geoscience Student

My expected year of graduation is _____

The department I am enrolled in is _____

3. **FEES: Note: the first year of student membership is free**

- This is my first time applying as a Student Member with APEGM
- I am currently enrolled in Introduction to Engineering ENG 1430

For more membership details go to: <http://www.apegm.mb.ca/StudentMembers.html>

4. **DECLARATION:**

I declare that all of the above statements are, to the best of my knowledge, complete and correct. I grant permission to APEGM to obtain such additional information as it may deem appropriate from the Faculty of Engineering, or the Department of Geological Sciences, at the University of Manitoba, for the processing of my application. I understand that the first year of membership will be in effect from the date of acceptance until September 30.

Date

Signature



No: _____
Office use only

Privacy Consent Statement

APEGM has developed a privacy policy in response to the federal government's Personal Information Protection and Electronic Documents Act (PIPEDA) Bill C-6. Please visit the APEGM website: www.apegm.mb.ca for details on the APEGM privacy policy, or contact the APEGM office.

APEGM sponsors a range of products and services that provide value-added benefits to students, members and their families. In so doing, APEGM provides your home address to the suppliers of these products and services, so that they may provide you with up-to-date information on their services and products.

PLEASE NOTE: If you agree to have your personal contact information provided to these mailing lists then later decide to strike your name from these mailing lists, you must contact the supplier(s) directly in order to have your name removed. APEGM will provide a list of suppliers upon request.



Please **do not include** my home address on the APEGM member service mailing lists.

*If the above box is not checked, your home address will be included on the APEGM member service mailing lists.

IMPORTANT: YOU MUST SIGN AND DATE BELOW

Signature: _____ Date: _____

First Name: _____ Last Name: _____
Please Print Please Print

Please submit completed form with application.

ASSOCIATION OF PROFESSIONAL ENGINEERS AND GEOSCIENTISTS OF THE PROVINCE OF MANITOBA
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