



The Association of Professional Engineers and Geoscientists of the Province of Manitoba  
 870 Pembina Highway, Winnipeg, MB R3M 2M7  
 Phone: 204 474-2736, Toll Free 866-227-9600, Fax 204-474-5960  
 Web site: [www.apegm.mb.ca](http://www.apegm.mb.ca) Email: [sbruce@apegm.mb.ca](mailto:sbruce@apegm.mb.ca)

**INVOICE:**

**Invoice date:** July 16, 2010  
**Due Date:** **October 31, 2010**

**INVOICE FOR PERIOD OCTOBER 1, 2010 TO SEPTEMBER 30, 2011**

**Student Members Fees (\$19.05 + .95 GST ) \$20.00**

GST#106733082RT

**Information:**

All APEGM Student Member fees (less the GST) go back to UMES or the Geology Club to help fund student activities.

APEGM is always looking for ways to improve the program and welcomes your suggestions. Please contact your Vice Stick External at [vse@umes.mb.ca](mailto:vse@umes.mb.ca) with your suggestions and they will pass your comments or concerns along to APEGM.

Visit the APEGM website: [www.apegm.mb.ca](http://www.apegm.mb.ca) for information on APEGM and the benefits of Student Membership.

Claim a password to login to your profile using your Application number, First name, Last name, and the e-mail address you registered with APEGM. A temporary password will be sent instantly to your e-mail address.

**Student Membership Renewals may be done online at <https://apps.apegm.mb.ca/> Please print out your receipt, or save as PDF.**

**Reminder:**

Contact APEGM at [apegm@apegm.mb.ca](mailto:apegm@apegm.mb.ca) or (204) 474-2736 to report any changes in address, phone number or e-mail. Ensure that we have your correct date of birth for verification purposes. You can also update your contact details Online. Review Student Member Program information at: <http://www.apegm.mb.ca/StudentMembers.html>

Previously written off students who wish to reinstate will need to pay the fee as it's not considered a First Time application.

**IMPORTANT:**

**Withdrawing without notification will result in rewriting the PPT and payment of pre-grad credit fee if applicable**

**SUBMIT THIS PORTION WITH YOUR PAYMENT**



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Application # \_\_\_\_\_ Name: \_\_\_\_\_

<input type="checkbox"/> Cheque Enclosed	<input type="checkbox"/> Interact/Cash	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express
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**Amount \$20.00** Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Verification Code (Back of Card) \_\_\_\_\_

Signature: \_\_\_\_\_