



Engineers PEI is the business name of The Association of Professional Engineers of the Province of Prince Edward Island

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For office use:

APPLICATION FOR REGISTRATION TRANSFER

Instruction: This form will become the Association's basic source of information. It is essential that all parts of it be completed carefully in type or legible printing. Forward the completed form to the above address.

A. [] Mr. [] Ms. [] Mrs. Last Name First Name Middle Name

Transferring from: _____

I have forwarded my current Association the Transfer Form in duplicate. [] Yes [] No
Membership No. Are current year's dues paid? [] Yes [] No
[] Canadian Citizen [] Landed Immigrant Date of Birth: _____

B. Residence Address: _____
City: _____ Prov. _____ Postal Code: _____
Home Tel _____ Home Fax: _____
Home Email: _____
Employer Name: _____
Employer Address: _____
City: _____ Prov. _____ Postal Code: _____
Work Tel _____ Work Fax: _____
Work Email: _____ Cell No. _____
Present Position: _____

C. I qualify in the discipline of: (Check one only - based on education degree received)
[] Civil [] Chemical [] Industrial [] Agricultural/Biological
[] Electrical [] Geological [] Metallurgical [] Computer
[] Mechanical [] Mining [] Aerospace [] Other _____

Dues and Fees Enclosed:

Table with 6 columns: \$ 50.00, +, \$300.00, +, \$30.00, =, \$380.00. Rows: Transfer Fee, Membership Dues, Engineering Stamp, Total

Engineering Stamp:

Please print your name as you wish it on your stamp: _____

D. Post- Secondary Education

University	Location	Applied Science Degree (s)	Discipline	Graduation Date

E. Other Education Qualification

F. Engineering Experience (Years, Months)

Company Name	Position	Duration

I declare the statements made on this form to be true and correct to the best of my knowledge and belief. I have read and understand and agree to be governed by the Act, By-Laws and Code of Ethics of the Association of Professional Engineers of Prince Edward Island.

Signature

Date

For more information, refer to our website: <http://www.engineerspei.com>

FOR OFFICE USE:	File No.	Date Received
RECOMMENDED APPROVAL:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dues and Fees Received
Executive Director's Approval:	Date:	Acknowledged:
Council's Endorsement:		Certificate Sent:
		Stamp Sent
Date:		Receipt No.