



MUNICIPAL ENGINEERS ASSOCIATION
APPLICATION FOR MEMBERSHIP
ASSOCIATE MEMBER

Date: _____

ASSOCIATE MEMBER CLASS:

E.I.T

GOVERNMENT

CONTRACT

Full Name: _____

Address: Business _____

PRESENT POSITION

Title _____

Municipality
Government
Agency _____

Phone: _____ Fax: _____

E-mail: _____

:

PREVIOUS POSITIONS

ENGINEERING EDUCATION

Undergraduate: University _____

Course _____

Degree _____ Year _____

Post Graduate: University _____

Course _____

Degree _____ Year _____

ENGINEERING EDUCATION (continued)

Other

REGISTRATION WITH PROFESSIONAL ENGINEERS ONTARIO

Year _____ Discipline _____
(Civil, Mechanical, etc)

PEO Reg. No. _____

PROPOSED FOR MEMBERSHIP BY:

Name of Sponsor (a present MEA Member) (Signature of Sponsor)

(Municipality of Sponsoring Member)

ENGINEERING EXPERIENCE:

Municipal:

Related:

Applicant's
Signature:

_____ P.Eng.

Submission:

Please FAX to 1-289-291-6477 or email to amin.mneina@municipalengineers.on.ca and copy lesley@ogra.org