

DEGIRS APPLICATION FORM

Date: _____

1. Application for (check one):

Division Member Division Associate Member Division Affiliate Member

Name: (Mr., Ms., Dr.) _____

Mailing

Address: _____

City: _____ Province: _____ Postal Code: _____

Organization Name: _____

Telephone: (Home) _____

(Business) _____

Fax: _____

Email: _____

2. Member of APEGBC? Yes Registration No.: _____ No

If yes, registered as a: P.Eng. P.Geo. EIT GIT LL Pupil

Please state primary and secondary fields of current professional practice:

Primary: _____

Secondary: _____

3. Association or society membership other than APEGBC:

Registered Professional Forester

Registered Professional Biologist

Registered Professional Agrologist

Registered Applied Science Technologist or Technician

Other (please specify) _____

4. Area of work in resource sector:

Academia Government Consulting Forest Company Mining Company

Other (please specify) _____

5. Would you be interested in:

Volunteering on a committee or task force

Standing for election to the Division Executive

Making a presentation to a meeting of the Division

Working on a quarterly Division newsletter