

CONFIRMATION REQUEST FORM

FOR APPLICANT ONLY						
NOTE	TO APPLICANTS:	Please ask all other Canadian Associations/Ordre in which you are or have been a member to complete this form.				
APPLICANT'S NAME:		DATE OF BIRTH:APPLICANTS EMAIL:				
ASSC	CIATION/ORDRE:	REG	SISTRATION NO.			
	E ASSOCIATION/ORDRE	ONLY: n has stated that he/she is/was a member of	vour Association/Ordre	Diesse com	nlete the informatio	n helow the
		int and return it to this office. DO NOT return				
Eilidh	Lewis, M.Sc., P.Geo. – Re	gistrar				
1.	Date of first registration a	as a full practicing registrant :				
			DD/MM/YYYY			
2.	Was this membership eve	er resigned, lapsed or re-classified?	YES	NO		
3.	Date to which full practic	ing annual dues are/were paid:				
0.	Date to which fair produc	ng annaa adoo aro, noro pala	DD/MM/Y	YYY		
4.	Academic acceptance was granted on the basis of					
			0 (, i		
	from	University and Location	c	n	N/N/	
		ed from technical examination(s) based on:				
5.		based on registration/agreement with				
			Name of	~3300iation/C	Jule	
6.	Membership was granted	d based onyears of accepta	ble work experience.			
7.	Did this person pass a cl	osed-book Professional Practice and Ethics	Examination?	YES	NO	
8.	Has this member ever be	een subjected to any disciplinary action(s) o	r is there any pending?	YES	NO	
Ple	ease provide additional info	rmation, if any, relevant to the application o	n a separate sheet.			
-	Signature	Position of Person Provice	ing Information		Date	