Consulting Engineers of Alberta
Sun Life Place
Suite 2160, 10123 99 Street NW
Edmonton, AB T5J 3H1
Tel: (780) 421-1852 fax: (780) 424-5225
www.cea.ca info@cea.ca

2023/2024 Application for Associate Membership

All information contained in this application is confidential.

In accordance with the resolution adopted by the Board of Directors of Consulting Engineers of Alberta (CEA) on July 17, 1996, establishing an "Associates" status and the resolution adopted on June 10, 1997, established a student category for associate affiliation.

Name of Organization / Individual: _____ / _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

hereby applies to CEA for Associate affiliation status under the following category:

- ☐ Consulting Engineering Firm presently ineligible for active membership in CEA (Consulting Engineering Firm in operation since 20_____)
- ☐ Client of Consulting Engineering Firm
- ☐ Supplier of Engineered Construction Materials
- ☐ Student @ _____
- ☐ Other, namely _____

Our organization's business/activity is:

_____

_____

Affiliation

Associate Affiliation requires the appointment of an individual who shall represent the organization as the "Associate" in CEA. Annual dues for the **Associate affiliation** for the fiscal year ending March 31, 2024 are $700.00 + $35.00 GST per individual named below and $50 + $2.50 GST for **student designation**. A copy of the student's school ID is required with this application. (See pro rated schedule below.)

Name	Address	City/PC	Telephone	Email

Kindly enclose a cheque or credit card information (below) with this application, payable to Consulting Engineers of Alberta.

Rights, privileges and limitations of the "Associate's" affiliation shall include the privileges of attending CEA events, seminars including the annual general meeting as a non-member and to receive CEA newsletters, correspondence and information on the activities of CEA. Associates are not eligible to vote nor serve on the CEA Board of Directors.

Declaration

The undersigned, as the Responsible CEA Associate, certifies that the information contained in this application is correct and that the individual/organization represented is in agreement with the terms listed above.

Printed Name: Signature: Date:

Payment Option: ☐ Visa ☐ Mastercard

Card # _____

Expiry Date: _____

CVV (3-Digits): _____

Name on Card: _____

Signature: _____

CEA Fiscal Year (April 1, 2023 - March 31, 2024)

Pro-rate formula:

Associate: $700 / 12 = $58.33

Student: $50 / 12 = $4.17

$58.33 x _____ months left in Fiscal Year

$4.17 x _____ months left in Fiscal Year

Total pro-rated Amount _____

5% GST _____

Total Amount payable _____

Full-year formula:

Associate: $700.00

Student: $50.00

Sub Total _____

5% GST _____

Total _____