



ASSOCIATION OF POLISH ENGINEERS IN CANADA
STOWARZYSZENIE INZYNIERÓW POLSKICH W KANADZIE
ASSOCIATION DES INGÉNIEURS POLONAIS AU CANADA

FOUNDED IN 1941



INCORPORATED IN 1944

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MEMBERSHIP APPLICATION

ALL OF THE INFORMATION PROVIDED HEREIN IS CONFIDENTIAL.

Name: Mr. _____
 Ms. _____
 Mrs. _____
 Miss. _____

Address: Home Business

Given name(s) _____ Surname (Last name) _____

Street _____ Street _____

City _____ Province _____ City _____ Province _____

Postal Code _____ Postal Code _____

Phone: () _____ () _____

Fax: () _____ () _____

E-mail: _____

Birthplace: _____ Citizenship: _____

Date of Arrival in Canada: _____ / _____ / _____
Day Month Year

EDUCATION and QUALIFICATIONS (please provide copy of the degree or diploma document)

Name of the school	Location	Years in attendance	Degree or diploma received	Year of graduation

HONOURS, AWARDS

Name of the award or honour	Year of award

MEMBERSHIP in OTHER PROFESSIONAL or SCIENTIFIC SOCIETIES and ASSOCIATIONS

Name of organization	Year of admission	Membership grade

ENGINEERING EXPERIENCE: (place chronologically, starting with the current position)

Date		Name of the company or research institute	Position
From	To		

SIGNIFICANT PROFESSIONAL ACHIEVEMENTS (publications, patents, projects etc.)

Year	Short description

REFERENCES: (names of two SIP members in good standing)

1. Name: _____
 Address: _____
Street City Province Postal Code

2. Name: _____
 Address: _____
Street City Province Postal Code

I hereby certify that the provided information is correct.

Date: / / _____
Day Month Year Signature of Applicant

FOR OFFICE USE ONLY

**BRANCH
RECOMMENDATION**

Based on the applicant's documents _____

 and personal interview, I recommend the acceptance of the applicant's membership.

Grade _____
 Date _____
 Signature _____
Chairman of the Branch

**BOARD OF DIRECTORS
REGISTRATION DATA**

Mr. _____
 Ms. _____
 Mrs. _____
 Miss _____

The above applicant was registered with the Association at the meeting of the Board of Directors held on:

Registration date _____
 Registration number _____
 Registration grade _____
 Date _____
 Signature _____
Secretary, Board of Directors