



The Association of Professional Engineers,
Geologists and Geophysicists of Alberta

MEMBER IN TRAINING REQUEST FOR REINSTATEMENT

NAME: _____ MEMBER #: _____

Preferred Address

Home Address: _____

Phone #: _____

Email Address: _____

Preferred Address

Employer Name: _____
Address: _____

Phone #: _____

Email Address: _____

Job Title: _____

I have enclosed my payment of \$145.00

Cheque/Visa/MC/AMEX: _____

Expiry Date: _____

Signature: _____ Date: _____

Fax: (780) 426-1877 **Email:** mhiebert@apegga.org

Mail: APEGGA
1500 Scotia One
10060 Jasper Avenue NW
Edmonton AB T5J 4A2
Attention: Melisa Hiebert