



MUNICIPAL ENGINEERS ASSOCIATION APPLICATION FOR MEMBERSHIP

DATE _____

Full Name: _____

Address: Business _____

Present Position: _____

Title _____

Municipality _____

Phone _____ Fax _____

E-Mail _____

Previous Positions: _____

Engineering Education

Undergraduate: University _____

Course _____

Degree _____ Year _____

Post Graduate: University _____

Course _____

Degree _____ Year _____

Other _____

Registration With Professional Engineers Ontario

Year _____ Discipline _____
(Civil, Mechanical, etc.)

PEO Reg. No _____

Proposed for Membership By:

Name of Sponsor (a present MEA Member) (Signature of Sponsor)

(Municipality of Sponsoring Member)

Engineering Experience:

Municipal:

Related:

Applicant's Signature: _____ P. Eng.

Submission Please FAX to 1-289-291-6477 to attn Rayna Gillis or scan/email to Rayna@ogra.org