



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

FOUNDED IN 1941



INCORPORATED IN 1944

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Toronto - Ottawa - Montreal - Kitchener - Hamilton - Oshawa - Edmonton - Mississauga

## MEMBERSHIP APPLICATION

ALL OF THE INFORMATION PROVIDED HEREIN IS CONFIDENTIAL.

**NAME:** Mr. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Miss \_\_\_\_\_

SURNAME (LAST NAME) GIVEN NAME(S)

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**ADDRESS:** HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_  
 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 INSTITUTION:	LOCATION:	YEARS IN ATTENDANCE:	DEGREE OR DIPLOMA RECEIVED:	YEAR OF GRADUATION:

**HONOURS, AWARDS:**

NAME OF HONOUR OR AWARD: \_\_\_\_\_ YEAR AWARDED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEMBERSHIP in OTHER PROFESSIONAL or SCIENTIFIC SOCIETIES and ASSOCIATIONS:**

NAME OF ORGANIZATION: \_\_\_\_\_ YEAR OF ADMISSION: \_\_\_\_\_ MEMBERSHIP GRADE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ENGINEERING EXPERIENCE:** (PLACE CHRONOLOGICALLY, STARTING WITH PRESENT OR LAST POSITION)

DATE FROM:	TO:	BRIEF DESCRIPTION:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SIGNIFICANT PROFESSIONAL ACHIEVEMENTS:** (PUBLICATIONS, PATENTS, PROJECTS, ETC.)

\_\_\_\_\_

\_\_\_\_\_

**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 foregoing information is correct.**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DAY MONTH YEAR) \_\_\_\_\_ (SIGNATURE OF APPLICANT)

**FOR OFFICE USE ONLY**

BRANCH	BOARD OF DIRECTORS
<b>RECOMMENDATION</b>	<b>REGISTRATION DATA</b>
BASED ON THE FOLLOWING APPLICANT'S DOCUMENTATION:	Mr. _____
_____	Ms. _____
_____	Mrs. _____
_____	Miss _____
AND PERSONAL INTERVIEW, I RECOMMEND TO ACCEPT THE APPLICANT AS A MEMBER.	THE ABOVE APPLICANT WAS REGISTERED WITH THE ASSOCIATION AT THE BOARD OF DIRECTORS MEETING HELD ON:
GRADE: _____	_____
DATE: _____	REGISTRATION DATE: _____
SIGNATURE: _____	REGISTRATION NUMBER: _____
CHAIRMAN OF THE BRANCH	MEMBERSHIP GRADE: _____
	DATE: _____
	SIGNATURE: _____
	SECRETARY, BOARD OF DIRECTORS