



Canadian Society for Engineering Management
Société canadienne de gestion en ingénierie

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MEMBERSHIP APPLICATION

Personal Information

Mr. Ms. Mrs. Dr. Prof. Surname: _____ Given name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ E-mail: _____

Professional Information

Designation: P.Eng. _____ CET _____ Other: _____ Province of Registration: _____

Membership in Other Societies: _____

Academic Record: University: _____ Program: _____ Degree: _____ Year: _____

University: _____ Program: _____ Degree: _____ Year: _____

University: _____ Program: _____ Degree: _____ Year: _____

Employer: _____ Job Title: _____

Referral (name and contact information of the person who referred you, if applicable)

Name: _____ Telephone: _____ E-mail: _____

Please make cheque payable to "Canadian Society for Engineering Management" and remit to:
CSEM, 1295 Hwy 2 East, Kingston, Ontario, K7L 4V1
 (or pay at RBC – transit/account number 06532-504-6834)

Date: _____ Signature: _____

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