

APPLICATION FOR MEMBERSHIP

① **NAME:**

Mr. Mrs. Ms. Dr. _____
Surname First Name(s)

Employer: _____ Title: _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____

Preferred Mailing Address: Home Business

② **EDUCATION:**

Degree(s)	Major Area of Study	Received From	Year
Economics Courses / Area of Interest		Completed Where	Year

③ **OFFICIAL DOCUMENTATION:**

Please attach a copy of your degree(s) or an official transcript.

④ **EMPLOYMENT:**

Attach a resume outlining your full employment history.

For economics experience include: employer's name & address, dates of employment and a brief description of projects and responsibilities.

⑤ **REFERENCES:**

Please provide the names and contact numbers of two individuals who will verify the content of related experience.

Name: _____ Phone: _____

Name: _____ Phone: _____

⑥ **TYPE OF MEMBERSHIP REQUESTED AND FEES:**

Indicate the type of membership you are applying for.

Full and Affiliate memberships include a subscription to *Canadian Business Economics*.

Annual Fees are as follows:

- FULL \$115.00 university graduate in economics, min. of 2 years continuous practice as an economist
- AFFILIATE \$115.00 person engaged in another profession but, who expresses an interest in economics
- ASSOCIATE \$55.00 recent graduate, less than 2 years out of university, training to be an economist
- STUDENT \$35.00 graduate or undergraduate student enrolled in an appropriate program

⌘ A \$20.00 initiation fee is required for processing all applications. ⌘

Please submit Annual Dues payment with your application. Dues payment will only be processed once membership application has been approved.

RETURN MAIL:

Please send the following to the address below:

- Completed Form
- Academic Credentials
- Resume
- Initiation Fee by cheque for \$20.00
- Membership Fee for Category Applying (separate from Initiation Fee)

Cheque (payable to "Association of Professional Economists of BC")

VISA MasterCard Amex

Card Number: _____ Expiry: _____

Name on Card: (please print) _____

THE REGISTRAR

Association of Professional Economists of BC
102 – 211 Columbia Street
Vancouver, BC V6A 2R5
Phone: (604) 689-1455

NOTE:

The Association reserves the right to request documentary evidence from any of the sources indicated. Receipt of your application constitutes permission for the requested source to provide any required information. The Association reserves the right to assign appropriate membership categories.

A division of the Association of Professional Economists of British Columbia
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