



Consulting Engineers of Alberta  
 Sun Life Place  
 Suite 2160, 10123 99 Street NW  
 Edmonton, AB T5J 3H1  
 Tel: (780) 421-1852 fax: (780) 424-5225  
 www.cea.ca info@cea.ca

# 2024/2025 Application for Associate Membership

All information contained in this application is confidential.

Name of Organization / Individual: \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**hereby applies to CEA for Associate affiliation status under the following category:**

Consulting Engineering Firm presently ineligible for active membership in CEA  
 (Consulting Engineering Firm in operation since 20\_\_\_\_\_)  
 Client of Consulting Engineering Firm  
 Supplier of Engineered Construction Materials  
 Student @ \_\_\_\_\_

Other, namely \_\_\_\_\_

**Our organization's business/activity is:**

\_\_\_\_\_

**Affiliation**

Associate Affiliation requires the appointment of an individual who shall represent the organization as the "Associate" in CEA. Annual dues for the **Associate affiliation** for the fiscal year ending March 31, 2025 are \$750.00 + \$37.50 GST per individual named below and \$50 + \$2.50 GST for **student designation**. A copy of the student's school ID is required with this application. (See pro rated schedule below.)

Name	Address	City/PC	Telephone	Email
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Kindly enclose a cheque or credit card information (below) with this application, payable to Consulting Engineers of Alberta.

Rights, privileges and limitations of the "Associate's" affiliation shall include the privileges of attending CEA events, seminars including the annual general meeting as a non-member and to receive CEA newsletters, correspondence and information on the activities of CEA. Associates are not eligible to vote nor serve on the CEA Board of Directors.

**Declaration**

The undersigned, as the Responsible CEA Associate, certifies that the information contained in this application is correct and that the individual/organization represented is in agreement with the terms listed above.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Payment Option:**      Visa      Mastercard

Card # \_\_\_\_\_

Expiry Date: \_\_\_\_\_

CVV (3-Digits): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**CEA Fiscal Year (April 1, 2024 - March 31, 2025)**

**Pro-rate formula:**

Associate: \$750 / 12 = \$62.50

Student: \$50 / 12 = \$4.17

\$62.50 x \_\_\_\_\_ months left in Fiscal Year

\$4.17 x \_\_\_\_\_ months left in Fiscal Year

Total pro-rated Amount \_\_\_\_\_

5% GST \_\_\_\_\_

Total Amount payable \_\_\_\_\_

**Full-year formula:**

Associate: \$750.00

Student: \$50.00

Sub Total \_\_\_\_\_

5% GST \_\_\_\_\_

Total \_\_\_\_\_