



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

2025/2026 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, 2026 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, 2025 - March 31, 2026)

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 _____