

# ALBERTA SOCIETY OF SURVEYING AND MAPPING TECHNOLOGIES

Box 68168, 28 Crowfoot Terrace NW Calgary AB T3G 3N8

(403)214-7504 or toll-free (855)462-7768

Email: [info@assmt.ca](mailto:info@assmt.ca) Website: [www.assmt.ca](http://www.assmt.ca)



## CERTIFIED MEMBER APPLICATION

Please type or print all information of this form

1. Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

2. Residential Address: \_\_\_\_\_

Street

City

Province

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

3. Employer: \_\_\_\_\_

4. Business Address: \_\_\_\_\_

Street

City

Province

Postal

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

5. Date of Birth (optional): \_\_\_\_\_ Place of Birth (optional): \_\_\_\_\_

6. Are you a Canadian citizen? Yes No ☐

If not, please give status: (i.e., Permanent Resident, Sponsored, etc)

7. CERIFICATION Desired in:

☐ Cadastral Surveys

☐ Civil Surveys

☐ Drafting/G.I.S.

☐ Photogrammetry, Remote Sensing

8. Please mark the field(s) in which you have gained experience:

☐ Cadastral Survey

☐ Civil Surveys

☐ Field Office

☐ Photogrammetry, Remote Sensing

☐ Civil Survey

☐ Photogrammetry, Remote Sensing

☐ Control

☐ Photogrammetric compilation

☐ Geophysical

☐ Photogrammetric Ortho-mapping

☐ Mining

☐ Computer Control Adjustment

☐ Hydrographic

☐ Remote Sensing

☐ Construction

☐ Aerial Photography

☐ Engineering

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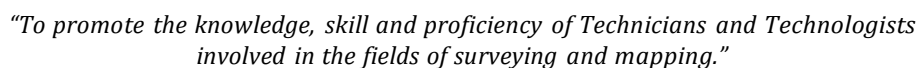
## 9. Experience Record Summary

Please provide a summary of all experience applicable to your field of technology to attain maximum experience credit.

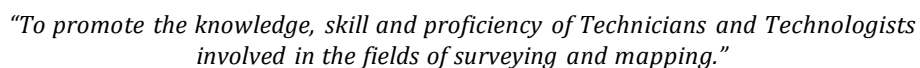
Description of Work and Duties:

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## 11. Education

The greatest cause of delay in the certification process is improper or missing documentation of educational achievement.

In all cases, please clearly indicate the courses claimed, credits received and diplomas or certificates granted.

DOCUMENTATION MUST BE SUBMITTED AS CONFIRMATION OF EDUCATION, particularly documentation of your highest academic level. It is requested that transcripts of marks be used as documentation. An official transcript is one which bears the seal of the institute attended. Where photocopies are submitted, these must be signed by a (1) Commissioned Land Surveyor, (2) Professional Engineer, (3) Certified Technologist or other professional person as a true copy of the original.

All documents in a language other than English must be accompanied by a Certified English Translation.

High School	From	To	Credit Diploma

Technical Institute and/or College	From	To	Degree, Credit Diploma or Certificate

University	From	To	Degree, Credit Diploma or Certificate

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## 12. References

Give names and addresses of at least three individuals who are in a position to verify previous work experience. At least one should be a Certified Survey Technologist, Professional Engineer, Geologist or Commissioned Land Surveyor.

Additionally letters of reference may be submitted to verify experience.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Street

City

Province

Postal Code

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Street

City

Province

Postal Code

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Street

City

Province

Postal Code

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

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NOTE: This portion to be signed by a person who has detailed knowledge of the applicant's work, preferably a Commissioned Land Surveyor, Professional Engineer, or Certified Survey Technologist (CST). Additional comments may be submitted by an accompanying letter.

From personal knowledge, I hereby certify that the information given in item 9 above is an accurate description of the applicant's present position and duties.

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

(please print name, company and address below)

\_\_\_\_\_  
\_\_\_\_\_

## 13. Signature

To the best of my knowledge, the answers given on this application are true and if membership is \_\_\_\_\_ granted, I agree to abide by the Society's Objects and By-Laws.

\_\_\_\_\_

Date

\_\_\_\_\_  
Signature of Applicant

Please return the following with your application form:

1. Certified copies of official transcripts
2. Letters of Reference (recommended)
3. Course Outlines (as required)
4. Application Fee of \$50.00
5. Certified Translation of all documents (if in a language other than English)

Send to: Alberta Society of Surveying and Mapping Technologies

P.O. Box 68168

28 Crowfoot Terrace NW

Calgary, Alberta, T3G 3N8

\*Please note the mailing address will not accept couriered packages\*

You may E-mail it to: [executive.assistant@assmt.ca](mailto:executive.assistant@assmt.ca)

*\*\*\*If any parts of the application form or the process involved are not clear, contact the Registrar or Executive Assistant who will be pleased to answer your questions or concerns\*\*\**

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