



Biographical Information

Surname: _____

Given Names: _____

E-mail: _____

Phone: _____ (bus.) _____ (res.)

Address: _____

Birthplace: _____ Birthdate: _____

Date of Entry to Canada (if applicable) _____

EDUCATION (please indicate year of completion):

High School: _____

_____ Year _____

Technical School: SAIT Yr.____ NAIT Yr.____

Other: _____

University:

U of A Yr.____ U of C Yr.____ UNB Yr.____

Other: _____

Degrees Received:

(B.Sc., M.Sc., Ph.D., Engineering, Education, Math, etc.)

SAIT _____ NAIT _____

Other: _____

U of A _____ U of C _____ UNB _____

Other: _____

DATE OF ALS COMMISSION: _____

ARTICLE SERVED UNDER: _____

OTHER COMMISSIONS HELD:

CLS BCLS SLS MLS

Other: _____

OTHER PROFESSIONAL AFFILIATIONS:

P.Eng. Planner _____ (designation)

Other: _____

ALS ASSOCIATION EXPERIENCE:

(Council or Committee)

_____ Year _____

_____ Year _____

_____ Year _____

_____ Year _____

POSITIONS HELD IN OTHER TECHNICAL OR PROFESSIONAL ASSOCIATIONS:

POSITIONS HELD IN SERVICE CLUBS AND OTHER ORGANIZATIONS:

BRIEF DESCRIPTION OF SURVEYING EXPERIENCE:

HOBBIES AND OTHER INTERESTS:

MARITAL STATUS: _____

NAME OF SPOUSE: _____

CHILDREN: _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

PLEASE ATTACH PHOTO

This information is collected in accordance with the Association's privacy policy.

(signature)