



Application for Associate Membership

Applicant Information

Last Name: First Name: Mid.Initial:

Business Name:

Business Address: Unit/Suite #:

City: Province: Postal Code:

Phone Number: E-mail Address:

Education

Institution: Address:

From: To: Did you graduate?
 Yes No Degree:

Institution: Address:

From: To: Did you graduate?
 Yes No Degree:

Institution: Address:

From: To: Did you graduate?
 Yes No Degree:

References

Please list three professional references:

Full Name: Relationship:

Company: Phone Number:

Address:

Full Name: Relationship:

Company: Phone Number:

Address:

Full Name: Relationship:

Company: Phone Number:

Address:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to Membership, I understand that false or misleading information in my application may result in my release from CGE Membership.

Signature:

Date:

Associate Membership Fee (must be included with application)

\$200/year

Please attach business card:

Print Form