



Professional Engineers
and Geoscientists of BC
www.apeg.bc.ca

APEGBC Affinity Program Partner Application

Date of Application: _____

Legal Name of Company: _____

Contact Name: _____

Contact Telephone: _____

Contact Email: _____

Company Website: _____

Service to be provided under APEGBC affinity program:

Company Description: (include date of incorporation, approximate number of employees, location of head office, type of services offered by company). Attach separate page if necessary.

Benefit/ discount offered to APEGBC Members: (indicate how the benefit is superior to what is offered on the open market)

Expectations of APEGBC:

Marketing fee offered to APEGBC:

Are you an affinity partner with any other association? If so, which ones?

References:

1. _____
2. _____
3. _____

Authorized Agent of Company:

Name: _____

Position: _____

Signature: _____