

ALBERTA SOCIETY OF SURVEYING AND MAPPING TECHNOLOGIES

Box 68168, 28 Crowfoot Terrace NW
Calgary, Alberta, T3G 3N8
(403) 214-7504 (855) 462-7768
www.assmt.ab.ca



CERTIFIED MEMBER APPLICATION

NOTE: 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 (Check ONE only):

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

*“To promote the knowledge, skill and proficiency of Technicians and Technologists
involved in the fields of surveying and mapping.”*

ALBERTA SOCIETY OF SURVEYING AND MAPPING TECHNOLOGIES

Box 68168, 28 Crowfoot Terrace NW
Calgary, Alberta, T3G 3N8
(403) 214-7504 (855) 462-7768
www.assmt.ab.ca



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:

ALBERTA SOCIETY OF SURVEYING AND MAPPING TECHNOLOGIES

Box 68168, 28 Crowfoot Terrace NW
Calgary, Alberta, T3G 3N8
(403) 214-7504 (855) 462-7768
www.assmt.ab.ca



10. Previous Work Record

Please list most recent experience first and all experience applicable to your field of technology to attain maximum experience credit.

Name: _____

Address: _____

From: _____ To: _____ Total of Months: _____

Supervisor's Name: _____ Title: _____

Phone: _____ Email: _____

Specific Description of Work Duties:

Name: _____

Address: _____

From: _____ To: _____ Total of Months: _____

Supervisor's Name: _____ Title: _____

Phone: _____ Email: _____

“To promote the knowledge, skill and proficiency of Technicians and Technologists involved in the fields of surveying and mapping.”

ALBERTA SOCIETY OF SURVEYING AND MAPPING TECHNOLOGIES

Box 68168, 28 Crowfoot Terrace NW
Calgary, Alberta, T3G 3N8
(403) 214-7504 (855) 462-7768
www.assmt.ab.ca



Specific Description of Work Duties:

Name: _____

Address: _____

From: _____ To: _____ Total of Months: _____

Supervisor's Name: _____ Title: _____

Phone: _____ Email: _____

Specific Description of Work Duties:

*“To promote the knowledge, skill and proficiency of Technicians and Technologists
involved in the fields of surveying and mapping.”*

ALBERTA SOCIETY OF SURVEYING AND MAPPING TECHNOLOGIES

Box 68168, 28 Crowfoot Terrace NW
Calgary, Alberta, T3G 3N8
(403) 214-7504 (855) 462-7768
www.assmt.ab.ca



11. Education

NOTE: 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

“To promote the knowledge, skill and proficiency of Technicians and Technologists involved in the fields of surveying and mapping.”

ALBERTA SOCIETY OF SURVEYING AND MAPPING TECHNOLOGIES

Box 68168, 28 Crowfoot Terrace NW
Calgary, Alberta, T3G 3N8
(403) 214-7504 (855) 462-7768
www.assmt.ab.ca



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: _____

Company Address: _____
Street City Province Postal Code

Email Address: _____

*“To promote the knowledge, skill and proficiency of Technicians and Technologists
involved in the fields of surveying and mapping.”*

ALBERTA SOCIETY OF SURVEYING AND MAPPING TECHNOLOGIES

Box 68168, 28 Crowfoot Terrace NW
Calgary, Alberta, T3G 3N8
(403) 214-7504 (855) 462-7768
www.assmt.ab.ca



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

****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****

“To promote the knowledge, skill and proficiency of Technicians and Technologists involved in the fields of surveying and mapping.”