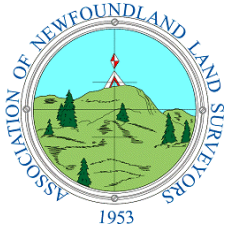


Appendix C

(Application)



Association of Newfoundland Land Surveyors
 62-64 Pippy Place, Suite 204
 St. John's, NL A1B 4H7
 Telephone: (709) 722-2031
 Fax: (709) 722-4104
 Email: anls@nf.aibn.com
 WebPage: www.surveyors.nf.ca

Application to ANLS for Articles

Please complete **ALL** pertinent sections of this Application and submit to the Registrar of the Association.

PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE INITIAL	
<hr/>			
ADDRESS (STREET OR P.O. BOX)	CITY	PROVINCE	POSTAL CODE
<hr/>			
TELEPHONE			
<hr/>			
HOME: _____ BUSINESS: _____ ALTERNATE: _____			

EDUCATION

List the last three Educational Institutions (e.g. University, Trade School, High School) you attended, starting with the most recent. Applicants may be requested provide proof of successful completion of relevant.

1.	
<hr/>	<hr/>
INSTITUTION	LOCATION
<hr/>	<hr/>
COURSE (INDICATE MAJOR AND MINOR)	FROM _____ TO _____ DATES ATTENDED
<hr/>	<hr/>
TYPE OF INSTITUTION (e.g. UNIVERSITY)	COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO
<hr/>	<hr/>
DEGREE, CERTIFICATE, DIPLOMA OR LICENCE	

2.

INSTITUTION

LOCATION

COURSE (INDICATE MAJOR AND MINOR)

FROM _____ TO _____
DATES ATTENDED

TYPE OF INSTITUTION (e.g. UNIVERSITY)

COMPLETED YES NO

DEGREE, CERTIFICATE, DIPLOMA OR LICENCE

3.

INSTITUTION

LOCATION

COURSE (INDICATE MAJOR AND MINOR)

FROM _____ TO _____
DATES ATTENDED

TYPE OF INSTITUTION (e.g. UNIVERSITY)

COMPLETED YES NO

DEGREE, CERTIFICATE, DIPLOMA OR LICENCE

IF YOU HOLD RECOGNIZED SCHOLARSHIPS, CERTIFICATES, LICENSES OR DIPLOMAS
OTHER THAN WHAT HAS BEEN INDICATED ABOVE, GIVE DETAILS, INCLUDING YEAR OF
EXPIRY (if applicable):

Empty box for providing details of recognized scholarships, certificates, licenses or diplomas.

PRACTICAL EXPERIENCE

1.	
_____ CURRENT OR MOST RECENT EMPLOYER	_____ ADDRESS
_____ POSITION	FROM _____ TO _____ PERIOD EMPLOYED
_____ _____ _____	
2.	
_____ CURRENT OR MOST RECENT EMPLOYER	_____ ADDRESS
_____ POSITION	FROM _____ TO _____ PERIOD EMPLOYED
_____ _____ _____	
OUTLINE OF EXPERIENCE	
3.	
_____ CURRENT OR MOST RECENT EMPLOYER	_____ ADDRESS
_____ POSITION	FROM _____ TO _____ PERIOD EMPLOYED
_____ _____ _____	
OUTLINE OF EXPERIENCE	

YOU MAY USE THE SPACE BELOW TO LIST ANY SKILLS, EXPERIENCE, SPECIAL TRAINING COURSES, AND QUALIFICATIONS OTHER THAN THOSE STATED ELSEWHERE ON THIS FORM TO ASSIST US IN ASSESSING YOUR APPLICATION. IF RELEVANT, ATTACH A LIST OF PUBLICATIONS.

REFERENCES

No Relatives; preferably include persons who have known you for at least two years and have knowledge of your work experience.

NAME AND OCUPATION	FULL MAILING ADDRESS	TELEPHONE NUMBER
1. _____ _____	_____ _____	_____
2. _____ _____	_____ _____	_____
3. _____ _____	_____ _____	_____

Candidate is to provide a current Royal Newfoundland Constabulary Code of Conduct, or equivalent if from a Province other than Newfoundland and Labrador.

I certify that the information provided on this application is true and complete to the best of my knowledge.

APPLICANTS SIGNATURE

DATE