



Association of the Chemical Profession of Ontario Association des chimistes professionnels de l'Ontario

acpo.on.ca • 1-416-364-4609 • 1-800-260-0992 • info@acpo.on.ca

Application for Membership

☐ C. Chem. ☐ Associate ☐ Affiliate

Dr./Mr./Ms.	Surname		Given Name/Initials			ACPO Number
Residence Street Address			Employment Street Address			
City	Province	Postal Code	City	Province	Postal Code	
Telephone	Fax		Telephone	Ext.	Fax	
Email address						
Date of Birth	Canadian Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N	Permanent Resident? <input type="checkbox"/> Y <input type="checkbox"/> N	Nature of Business (e.g. Academia, Industry, Government or other)			
Area of Specialization		Title				Retired? <input type="checkbox"/> Y <input type="checkbox"/> N

Post Secondary Education (if space allotted is insufficient, please use separate sheet using same format.)

Dates: From - To	Institution	Program of Study*	Degree Obtained and Date
Dates: From - To	Institution	Program of Study*	Degree Obtained and Date
Dates: From - To	Institution	Program of Study*	Degree Obtained and Date

(* Indicate program of study (eg. Chemistry, Biochemistry, Chemical Engineering, etc.)

Membership in other scientific, technical or professional associations:	CIC Member? <input type="checkbox"/> Y <input type="checkbox"/> N
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Career Experience (if space allotted is insufficient, please use separate sheet using same format.)

Dates: From - To	Employer	Position	Major Responsibility
Dates: From - To	Employer	Position	Major Responsibility

Additional information to support your application (e.g. professional awards, papers published):

Declaration of Applicant:

I hereby certify that the statements made are correct and that I have read and will adhere to the Code of Ethics of the ACPO (see attached)*	Date	Signature
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Declaration of References (Two Required):

I hereby attest, that to the best of my knowledge, the statements made herein by the applicant are correct.*				
Name (please print)	Professional Relationship to the Applicant	How long have you known the Applicant?	Company Tel. & Address	Signature
Name (please print)	Professional Relationship to the Applicant	How long have you known the Applicant?	Company Tel. & Address	Signature

*False or misleading statements may result in rejection of the application.

Application Fee (non-refundable): Please enclose fee payment with completed application.

Appeals fee same as new application; refundable if appeal succeeds. Refer to Schedule for annual membership dues.

Payable to: Association of the Chemical Profession of Ontario

Mail to: 1 Yonge Street, Suite 1801 • Toronto, Ontario • Canada • M5E 1W7

Office Use:

Date Received	Administration	Board of Examiners	Registrar	District
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