



P.O. Box 2712 Charlottetown
 Prince Edward Island C1A 8C3
info@peiaa.ca
www.peiaa.ca

APPLICATION FORM

Name (Please Print) _____
Last Name First Name Middle Initial

Business Address _____

Telephone _____ Cell _____ Email _____

Home Address _____

Telephone _____ Cell _____ Email _____

Preference for mail Business Home Best # to call _____

Academic History (Secondary/Post Secondary)

Institution*	Degree	Diploma	Specialization	Year granted

*An official education transcript may be requested.

Employment History

From	To	Position Held	Name of Employer

References

Three references are required, two of professional associates and one character reference. Please include full names, addresses and phone numbers.

1. _____
2. _____
3. _____

Employment (Current employer)

Name and address _____

Full descriptive title of position _____

Date appointed to present position _____

If self-employed, state nature of business _____

I certify the foregoing information to be true. Upon acceptance of my application, I agree to be governed by the Act, By-Laws, Regulations and Code of Ethics of the PEI Institute of Agrologists.

Date _____ Applicant's Signature _____

Application form and \$15.00 application fee should be sent to:

Registrar
PEI Institute of Agrologists
PO Box 2712
Charlottetown, PE
C1A 8C3

Note: If you have any problems with or questions about the application form please get in touch by emailing to: info@peiia.ca.

For use by the PEIIA

This application has been examined and the applicant is approved for a permit to practice Agrology as:

AIT P.Ag. PPA

Date _____ Registrar _____