



The Association of Professional
Engineers and Geoscientists of Alberta

LEGAL NAME CHANGE REQUEST

CURRENT LEGAL NAME REGISTERED WITH APEGA: _____

MEMBER #: _____ Email: _____

Mailing Address: _____

Telephone: _____

Professional Member

Member in Training

Professional Licensee

Examinee/Student

Legal Name Change From _____

Legal Name Change To _____

Please include **ONE** of the following with your name change request:

I have enclosed a copy of my marriage certificate

I have enclosed a copy of my legal name change certificate

I have enclosed a copy of my birth certificate (for returning to maiden or birth name)

Date: _____ **Signature:** _____

Email: membership@apega.ca

Mail: APEGA
1500 Scotia One
10060 Jasper Ave NW
Edmonton AB T5J 4A2
Attention: Membership Administrator