**Association of Energy Professionals (AEP) – Eastern Africa**

**(A chapter of AEE)**

***INDIVIDUAL MEMBER APPLICATION***

***Please Type or Print and Fill All Information***

*I wish to become a member of the Association of Energy Professionals (AEP) – Eastern Africa in the member classification checked.*

Eng

Prof

Dr

Ms

Mr.

**Name:**

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Surname First Name Middle Name

Position: ------------------------------------------- Company Name: ------------------------------

**Company Address:**

Postal Address: -------------------------------------- Telephone: --------------------------------------

E-Mail: ----------------------------------------------- Website: -----------------------------------------

**Home Address:**

Postal Address: -------------------------------------- Telephone: -------------------------------------------

E-Mail: ----------------------------------------------------------------------------------------------------------

*Check one box to show where AEP mail should be sent:*  Company Home

If you are a Certified Energy Manager® or a member of an Energy Association/Institution indicate registration number(s) and body:

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No.:\_\_\_\_\_\_\_\_\_\_\_\_

Experience in the energy field: \_\_\_\_\_\_\_\_\_\_\_\_ year

**University Education:** (BSc, MSc, PhD)

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University Degree Field Year

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University Degree Field Year

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University Degree Field Year

*Please select the class of membership you are applying for by checking the right box.*

**Enrollment Classifications/Annual Dues:**

 ***MEMBER***/KES

An individual with an engineering, architectural, business, or law degree or a degree in a relevant field for energy.

 ***ASSOCIATE MEMBER***/KES

An individual interested in the objectives of AEP who does not qualify as yet.

 ***STUDENT MEMBER***/KES

An individual pursuing a degree in a relevant field for energy

 ***CORPORATE DELEGATE***/KES

 An individual employed by an AEP corporate member in good standing.

 ***RETIRED MEMBER***/KES

 A retired individual who is no longer involved in any career activity.

*I certify that the information in this application is true. I agree to be governed by the Constitution and Bylaws of the Association and to promote its purposes for as long as I am a member.* ***Please find enclosed copies of my certificates (including CEM).***

*---------------------------------------- -------------------------*

***Applicant’s Signature Date***

*You may post or email your completed application to the AEP Membership Department at:*

*THE ASSOCIATION OF ENERGY PROFESSIONAL (AEP) ® Membership Department*

*P.O BOX 59857*

*Code 00200*

*Nairobi – Kenya.*

### *Email:* membership@aepea.co.ke and cc info@aepea.co.ke