



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

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ARCHITECTURAL GRADUATE APPLICATION

APPLICANT: (Please Type or Print)

NAME IN FULL: _____
 (Surname) (First Name) (Initial)

HOME ADDRESS: _____
 (Street) (City) (Province) (Postal Code)

HOME TEL: _____ E-MAIL ADDRESS: _____

GENDER: Male Female DOB: _____

ADDRESS FOR CORRESPONDENCE: Business Residence

EDUCATION: (Please Type or Print)

SCHOOL	DEGREE (or equivalent)	GRADUATION DATE

CACB#: _____ Certification Date: _____

Ar

EMPLOYER:

Name & Firm: _____

Position: _____ TEL: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Application Fee and Annual Dues: (please refer to the pro-rated fee schedule.)

Note: Please be sure to notify the AIBC, in writing, of any changes to your contact information (address, e-mail or employer).

SIGNATURE: _____ **DATE:** _____