



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

ARCHITECTURE CENTRE
SUITE 100 - 440 CAMBIE STREET
VANCOUVER BC CANADA
V6B 2N5

TEL: 604 683 8588 / TOLL FREE IN BC: 1 800 667 0753
FAX: 604 683 8568 / 1 800 661 2955
E-MAIL: AIBC@AIBC.CA
INTERNET: WWW.AIBC.CA

Architects' Site Signs Application Form

AIBC site signs are made of highway sign grade aluminum, screened with transparent red over 3M reflective engineered-grade sheeting. The signs are rectangular with radius corners. Colours are red and white with the Architectural Institute of British Columbia seal in black (on white) and the firm name and other information in white letters (on red). The name of your firm is applied in 3M reflective sheeting. This is the same procedure used on the large overhead signs found, for example, at the entry to the Vancouver Airport.



As in the sample shown above, your sign will identify: the name of your firm, city in which your firm is located, and your telephone number. Signs are not available to engineering firms with a Certificate of Joint Practice (CJP). (MAIBCs holding a Certificate of Practice within an engineering firm that holds a CJP do qualify for a sign.)

To order signs, fax this form to the AIBC at 604/683-8568 or toll-free 1/800/661-2995 in BC. Signs will be delivered to you within seven days. The site sign company will contact you when your sign is ready so you can arrange for a courier. For site sign information, contact the AIBC Licensing Coordinator.

Table with 6 columns: QTY, Prices are quoted in CDN \$, Item GL 3500, HST, Total, CDN \$. Rows for 16" x 48" sign and 24" x 72" sign.

TOTAL DUE & PAYABLE (HST Reg. #R122367840) \$

Prices subject to change

Print your firm name as registered with the AIBC. This name will appear on your site sign.

Full name: [input field]

A courier delivery person has to be able to deliver to the premises. No P.O. boxes please.

Address: [input field]

City: [input field]

Province/State: [input field]

Postal Code/Zip Code: [input field]

Daytime telephone: [input field]

Area Code: [input field]

Number: [input field]

(Please circle payment method below)

Cheque: Payable to the AIBC. We will order the sign when we receive payment.

VISA or MasterCard: Name on card: [input field]

Card Number: [input field] Expiry date: [input field] (mm/yy)

Cardholder's signature: [input field] Date: [input field]

MAIBC Firm owner's signature to authorize order:

For AIBC office use only:

Approved by :