



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

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APPLICATION FOR AFFILIATE STATUS

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

EMPLOYER:

Name: _____

Firm: _____ TEL: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Why do you wish to be an Affiliate of the AIBC: _____

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SIGNATURE: _____ **DATE:** _____

FEES Application Fee and Annual Dues: (please refer to Bulletin 01)

PAYMENT INFORMATION: (Please check off the appropriate square)

Cheque VISA Mastercard Debit

Name of Card Holder: _____

Account #: _____

Expiry Date: _____ Signature of Cardholder: _____

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.