



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

ARCHITECTURE CENTRE
SUITE 100 - 440 CAMBIE STREET
VANCOUVER, BC, CANADA V6B 2N5
604/683-8588
604/683-8568 FAX

Toll FREE IN BC 1/800/667-0753
1/800/661-2955 FAX
E-MAIL aibc@aibc.ca
INTERNET http://www.aibc.ca

INTERN ARCHITECTURAL TECHNOLOGIST 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

EMPLOYER: (Please attach confirmation letter from your employer)

Name: _____

Firm: _____ TEL: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

EDUCATION: (Please Type or Print)

SCHOOL	DIPLOMA (or equivalent)	GRADUATION DATE

ENCLOSURE (please check the items enclosed)

- 1. Photo ID form completed
- 2. Copy of diploma and students transcripts
- 3. Application Fee and Annual Fee (refer to pro-rated fee schedule)
- 4. Reference letters from architectural employers
- 5. Detailed resume/CV

SIGNATURE: _____ **DATE:** _____

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.