



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

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APPLICATION FOR REGISTRATION

APPLICANT: (Please Type or Print)

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

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

EMPLOYMENT: _____
 (Firm Name)

_____ (Street) (City) (Province) (Postal Code)

HOME TEL: _____ BUS. TEL: _____ FAX TEL: _____

ADDRESS FOR CORRESPONDENCE: Business Residence

E-MAIL ADDRESS: _____

GENDER: Male Female Date of Brith: _____

LANGUAGES: English French Other _____
 (Please Specify)

REGISTRATION HISTORY (if not applicable, indicate with n/a)

1. Jurisdiction of initial registration: _____
 Registration Number: _____ Date Acquired: _____

2. List all other jurisdictions (with registration number and date acquired) in which you currently hold or have previously held a registration to practise architecture:

- 3. Have you ever been denied registration? Yes No
- 4. Has your registration ever been suspended or revoked? Yes No
- 5. Have you surrendered or allowed your registration to lapse in any jurisdiction due to an action pending or threatened? Yes No
- 6. Have you ever been convicted of an offence? Yes No
- 7. Is there a record of any disciplinary action on file with any licensing authority? Yes No

If you answered "yes" to any of the above questions, provide dates and details of the situation in the space below. Include the result of any appeals. Use a supplementary sheet if necessary.



EDUCATION: (Please Type or Print)

SCHOOL	DEGREE (or equivalent)	GRADUATION DATE

CACB # (if applicable): _____

NCARB # (if applicable): _____

OATH (Bylaw 9):

If my application is accepted, I will subscribe to the following declaration:

“Solemnly do I declare that having read and understood the Act of the Architectural Institute of British Columbia, its Bylaws and Regulations, and having passed the examinations, I am eligible for membership. Further do I announce that I will uphold professional aims, and the art, and the science, of architecture and thereby improve the environment. I also accept with obligation the need to further my education as an architect. I promise now that my professional conduct as it concerns the community, my work, and my fellow architects will be governed by the ethics and the tradition of this honourable and learned profession.”

I _____, swear that all the statements contained in the application are true.
(applicant)

DECLARED before me at the

City of _____

in the Province of _____

this _____ day of _____, 20__.

(Lawyer or Notary Public)

PAYMENT INFORMATION: (Please check off the appropriate square)

Cheque VISA Mastercard Debit

Name of Card Holder: _____

Account #: _____

Expiry Date: _____ Signature of Cardholder: _____

Application Fee: \$300 plus HST

Annual Fee: please refer to pro-rated annual fee schedule

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.