



**Architects' Association  
of  
New Brunswick**

P.O. Box 5093  
Sussex, New Brunswick  
E4E 5L2

**APPLICATION FOR  
STUDENT MEMBERSHIP**

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Name of Applicant (please print)

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Date of Application

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# APPLICATION FOR STUDENT MEMBERSHIP

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NAME IN FULL:

\_\_\_\_\_  
(SURNAME) (FIRST NAME) (INITIAL)

MAILING ADDRESS:

\_\_\_\_\_  
(STREET) (CITY)

\_\_\_\_\_  
(PROVINCE) (POSTAL CODE)

\_\_\_\_\_  
(TELEPHONE)

\_\_\_\_\_  
(E-MAIL)

DATE & PLACE OF BIRTH:

\_\_\_\_\_

- 
- I hereby certify that I attend \_\_\_\_\_ University School of Architecture in Canada and am enrolled in the following program:
  - I hereby make application for enrolment as a Student Member of the Architects' Association of New Brunswick and agree that if accepted, I will abide by the Regulations of the Association.  
<http://aanb.org/en/aanb/architects-act-regulations/>

I understand there is no fee for Student Membership and that I must renew my application annually.

DATE:

\_\_\_\_\_

SIGNATURE OF APPLICANT:

\_\_\_\_\_