

APPLICATION FOR INTERN MEMBERSHIP

NAME OF APPLICANT (PLEASE PRINT)

DATE OF APPLICATION

APPLICANT INFORMATION:

NAME:		(SURNAME)			(FIRST NAME)	(INITIAL)
MAILING ADDRESS:		(STREET)		(CITY/TOWN)	(PROVINCE/STATE)	(POSTAL/ZIP CODE)
EMAIL:		,		, , ,	TELEPHONE:	•
BIRTH	DATE:				BIRTHPLACE:	
COMMUNICATIONS:		I agree to subscribe to the AANB E-Bulletin.				
		☐ YES [□ NO	☐ ENGLISH	FRENCH	
DECLA	ARATION:					
	I hereby certify that I attended an accredited University School of Architecture from:					
	to					
	and received the following professional degree:					
	NOTE: Please enclose a photocopy of your degree.					
	I have obtained Canadian Architectural Certification Board (CACB) certification of my academic credentials.					
	NOTE: Please enclose a copy of evidence of certification.					
		ntly working in the office of and it is my intention te my internship as outlined by the Architects' Association of New Brunswick (AANB).				
	I hereby make application for registration as an Intern Member of the AANB and agree that if approved, I will abide by the <u>Act and By-Laws</u> of the Association.					
	The registration examination recognized by Council of the AANB is the Examination for Architects in Canada (ExAC).					
	Candidates for Registration must complete all Internship of Architects Program (IAP) requirements, including those listed in Appendix B and the requirement for 'Local Knowledge and Currency of Experience.'					
	Candidates are required to complete the AANB Admissions Course in your pathway to licensure as an Architect once you have been approved as an Intern with AANB.					
	Required Fees must accompany your completed original application form.					
	NOTE : Once registered as an Intern, you will be required to complete the available modules of the mandatory AANB Admissions Course found under the "courses tab" in your member portal.					
SIGNA	TURE:			DAT	E:	