



Architects' Association of New Brunswick

**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

DECLARATION:

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.

I am currently working in the office of _____ and it is my intention to complete 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 [Act and By-Laws](#) 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.'

Required Fees must accompany your completed **original** application form.

SIGNATURE: _____ **DATE:** _____