



Current Name (as registered with the AAA) _____ AAA # _____

Change Name

Address:

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

Contact Tel: _____ Contact Email: _____

Please provide a copy of government issued identification with the changed name with this form.

Request forms and inquiries may be directed to registration@aaa.ab.ca

DECLARATION:

DECLARATION:

I, _____, a:

(select one):

- Intern
- Registered Architect
- Licensed Interior Designer

registered/licensed with The Alberta Association of Architects under registration # _____, hereby declare that:

1. My name has changed.

Dated this _____ day of _____, 20_____.

Signature

Printed Name of Witness

Signature of Witness