

Date: _____ Name of Applicant: _____ ID: _____

Residence Address: _____
Street City Province Postal Code

Employer: _____ Position: _____

Street City Province Postal Code

Work Phone: _____ Cell Phone: _____ Email: _____

Request:

I, the Applicant, hereby request The Alberta Association of Architects to submit confirmation of my registration to the following Canadian Architectural Licensing Authority:

Name of Association

Applicant Signature

Date

Fees:

A non-refundable administration fee of **\$60.00 CDN + GST (\$63.00 CDN in total)** must accompany this application.

Payment may be made via cheque, VISA or MasterCard, payable to:

The Alberta Association of Architects
10515 Saskatchewan Drive NW
Edmonton, AB T6E 4S1
Phone: (780) 432-0224 Fax: (780) 439-1431
Email: Registration@aaa.ab.ca

Method of Payment: Cheque VISA MasterCard

VISA or MasterCard, please provide: Amount: \$ _____ Name of Cardholder: _____

Card Number: _____ Expiry: _____ Cardholder Signature: _____

The AAA's *GST Registration Number is #10669 2601*