



Registered Course Provider Application Form

Organization Name: _____

Contact Name (to be included on website): _____

Address: _____

City: _____ Province/State: _____ Postal Code/Zip Code: _____

Phone: _____ Email: _____

Website: _____

Contact name and email for AAA billing purposes only: _____

Please indicate the category of Course Provider you are applying for:

- ☐ Single Course Provider (offering a single course)
- ☐ Two or Three Course Provider (offering two or three courses)
- ☐ Multiple Course Provider (offering 4 to 10 courses)
- ☐ Multiple+ Course Provider (offering 10+ courses)
- ☐ Non-Profit Organization (offering any number of courses)
- ☐ One-time Conference Provider (offering a single conference in a one-year period)

Brief description of your company/organization for use on our website:

Indicate if you are an accredited provider with any of the following organizations:

- ☐ American Institute of Architects (AIA)
- ☐ Architectural Institute of British Columbia (AIBC)
- ☐ Other: _____

I confirm that I have read and understand the AAA Registered Course Provider Program Guidelines.

Signature: _____ Date: _____

Completed forms can be emailed to education@aaa.ab.ca.