



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 must accompany this application. Fees and Dues Schedule, including payment methods, can be found on the [AAA website](#).

Please direct your application via email to:

Registration1@aaa.ab.ca (for last names beginning with A-L)

Registration2@aaa.ab.ca (for last names beginning with M-Z)

Inquiries should be directed to the appropriate email above or to 780.432.0224.

Postal applications can be sent to the address on our [Contacts](#) page.