



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

APPLICATION FOR REGISTRATION

Following completion of the Internship in Architecture Program

RESET FORM

APPLICANT: (Please Type or Print)

Form fields for personal information: FULL NAME, HOME ADDRESS, EMPLOYMENT, TELEPHONE, BUSINESS PHONE, PREFERRED ADDRESS FOR CORRESPONDENCE, PRIMARY E-MAIL ADDRESS, SECONDARY E-MAIL ADDRESS, GENDER, LANGUAGES, Date of Birth, Other Spoken Languages.

REGISTRATION HISTORY (if not applicable, indicate with n/a)

Registration history questions: 1. Jurisdiction of initial registration, 2. List all other jurisdictions, 3-7. Have you ever been denied registration, suspended, lapsed, convicted, or disciplined?

If you answered "yes" to any of the above questions, provide dates and details of the situation in the space below. Include the result of any appeals. Use a supplementary sheet if necessary.

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Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.

EDUCATION: (Please Type or Print)		
UNIVERSITY/SCHOOL	DEGREE (or equivalent)	GRADUATION DATE

CACB Number: _____

DECLARATION: (Please Type or Print)

OATH (Bylaw 9):

I will subscribe to the following declaration:

“Solemnly do I declare that having read and understood the *Architects Act* and the Bylaws and Code of Ethics and Professional Conduct of the Architectural Institute of British Columbia, and having passed the examinations, I am eligible for membership. Further do I announce that I will uphold professional aims, uphold the art, and the science of architecture, and I will thereby improve the environment. I also accept with obligation the need to further my education as an architect. I promise now that my professional conduct as it concerns the community, my work, and my fellow architects will be governed by the ethics and the tradition of this honourable and learned profession, in the public interest”

I, _____, solemnly declare that all the statements contained in the application are true and
(applicant's full name)

I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

DECLARED before me at the City of _____ in the Province of _____

this _____ day of _____, 20_____.

 Name of Lawyer, Notary Public, or authorized individual*
(please print)

 Signature of Lawyer, Notary Public, or authorized individual*

* Any judge, notary public, justice of the peace, provincial court judge, recorder, mayor, or commissioner authorized to take affidavits to be used either in the provincial or federal courts, or any other functionary authorized by law to administer an oath in any matter.

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ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

Payment Remittance Form

A: Personal Identification

First Name: _____ Surname: _____

Street Address: _____ Apt. No.: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

Phone Number: _____

Email Address: _____

B: Payment Description

Reason for Payment: Architect Registration Application Fee and Annual Fee
(Refer to Bulletin 1: Fees, Fines and Charges for listing of fees)

Payment Amount: \$ _____

C: Payment Information

Please Select One: Visa MasterCard Cheque (payable to AIBC)

Cardholder Name: _____

Account Number: _____ / _____ / _____

Card Expiry Date (MM/YYYY): _____ / _____

Signature of Cardholder: _____ Date: _____