

Intern In Architecture Application

Newfoundland and Labrador Association of Architects P. O. Box 5204, St. John's, NL, A1C 5V5

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Intern in Architecture Application

A. Identification				
Name of Applicant (please print):				
Residence Address:				
Street/P. O. Box #:	City:			
Province:	Country	Postal Code:		
Telephone #:	Cell #:	Email:		
Date of Birth: (Month)	(Day)	(Year)		
Address on Website: Yes/No (if you ch	noose no, only your name will be	included on the listing)		
B. Education				
I am a graduate of				
(1	nsert name of University)			
with a degree in			Year	
Indicate Canadian Architectural Carti	fication Doord (CACD) Com	ificata Numbari	ieai	
Indicate Canadian Architectural Certi	ncation Board (CACB) Cert	incate Number:		
C. Employer (if currently employer)	oyed)			
Firm Name:				
Address:				
Business Tel: Email Address (please print):				
D. Mentor (Not present en	nployer)			
Name: (please print)				
Firm Name:				

Address:			
Business Tel: Busin	ess Fax:	Email Address:	
Intern in Architecture Membership Dues	: \$233.62 + 13% HST ((\$30.37) =	\$263.99
Application Fee:	\$100.00 + 13% HST ((\$13.00) =	\$113.00
Total:			\$376.99

Payment Method				
Cheque:				
Visa/Master Card	Credit Card Number:	Expiry Date:		
	Name of Card Holder	Signature:		
	(please print)			

Signature of Applicant:	Date:
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