

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

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Student Application

A. Identification		
Name of Applicant:		
Residence Address:		
Street/P. O. Box #:	City:	
Province:	Country	Postal Code:
Telephone #:	Cell #:	Email: (please print)
Date of Birth: (M/D/	Y)	
Address on Website	:: Yes/No (if you choose no, only your name will be included or	n the listing)
B. Education		
I am attending		
for a degree in	(Name of University)	
year of completion		
Student Member	ship Dues: \$93.44 + 13% HST (\$12.14) = \$	105.58
Application Fee:	N/A	
	Payment Meth	nd
Cheque	i dymene meen	
Visa/Master Card	Credit Card Number:	Expiry Date:
	Name of Card Holder (please print)	Signature
Signature of Applicant:		Date: