



Newfoundland and Labrador Association of Architects

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www.newfoundlandarchitects.com

Intern Architect Application

Date Received: _____

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 choose no, only your name will be included on the listing) _____

B. Education

I am a graduate of _____

(Insert name of University)

with a degree in _____

Year

Indicate Canadian Architectural Certification Board (CACB) Certificate Number: _____

C. Employer (if currently employed)

Firm Name: _____

Address: _____

Business Tel: _____

Email Address (please print): _____

D. Mentor (Not present employer)

Name: (please print) _____

Firm Name: _____

Intern Architect Application rev 01 06 2018

Address:

Business Tel: _____ Business Fax: _____ Email Address: _____

Intern Architect Membership Fee: \$245.50 + 15% HST (\$36.75) = \$281.75

Application Fee: \$100.00 + 15% HST (\$15.00) = \$115.00

Total: **\$396.75**

Intern Architect Category: granted at the sole discretion of Council to those who apply and are registered in the Internship in Architecture Program (IAP). Intern Architect Membership Fee is 25 % of the Full Membership Fee. Five years after the date of the first registration, Intern Architect Membership Fee shall be 50% of the full membership fee.

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

Signature of Applicant: _____ **Date:** _____
