



# Newfoundland and Labrador Association of Architects

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## APPLICATION FOR INTERN MEMBERSHIP

### APPLICANT INFORMATION

**NAME:** \_\_\_\_\_ (Surname) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial)

**MAILING ADDRESS:** \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code)

**EMAIL:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**BIRTH DATE (m/d/y)** \_\_\_\_\_ **BIRTHPLACE:** \_\_\_\_\_

**ADDRESS ON WEBSITE:** ☐ YES or ☐ NO (if you choose NO, your name will only be included)

### DECLARATION

- ☐ I hereby certify that I attended an accredited University School of Architecture from: \_\_\_\_\_ to \_\_\_\_\_ and received the following professional degree: \_\_\_\_\_.  
Note: Please enclose a copy of your degree.
- ☐ I have obtained Canadian Architectural Certification Board (CACB) certification of my academic credentials. Note: Please enclose a copy of evidence of certification.
- ☐ I am currently working in the office of \_\_\_\_\_ and it is my intention to complete my internship as outlined by the Newfoundland and Labrador Association of Architects (NLAA).
- ☐ The registration examination recognized by the Council and Board of the Association is the [Examination for Architects in Canada](#) (ExAC).
- ☐ Candidates for Registration must complete all Internship of Architects Program (IAP) requirements, including those listed in Appendix B and the requirements for Local Knowledge and Currency of Experience.

**Newfoundland and Labrador Association of Architects**

P. O. Box 5204, St. John's, NL, A1C 5V5 / (709) 726-8550 / [nlaa@newfoundlandarchitects.com](mailto:nlaa@newfoundlandarchitects.com) / [www.newfoundlandarchitects.com](http://www.newfoundlandarchitects.com)  
Application for Intern Membership  
Updated July 2022



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## APPLICATION FOR INTERN MEMBERSHIP

- ☐ Intern Architect Membership Fee is 50% of the NLAA Membership Fee (\$537.50). Five years after the date of the first registration, Intern Fee shall be 100% of the NLAA membership fee.

Required Fees must accompany your completed original application form.

<b>Application Fee:</b>	\$100.00 + 15% HST (\$15.00) =	\$ 115.00
<b>Membership Fee:</b>	\$268.75 + 15% HST (\$40.31) =	<u>\$ 309.06</u>
	<b>TOTAL:</b>	<b>\$ 424.06</b>

### Payment Options:

Cheque, e-Transfer, Cash or \*Credit Card

\* (\$20 fee applied if payment is made via credit card)

- ☐ I hereby make application for registration as an Intern Member of the NLAA and agree that if approved, I will abide by the [Act](#) and [By-Laws](#) of the Association.

**SIGNATURE**

**DATE**

## EMPLOYER INFORMATION

Mailing Address:

(Street)

(City)

(Province)

(Postal Code)

Email:

Telephone:

## MENTOR INFORMATION *(Not current employer)*

Name:

(Surname)

(First)

Mailing Address:

(Street)

(City)

(Province)

(Postal Code)

Email:

Telephone:

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