



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

# Application for Enrolment

## Architectural Technologist Affiliate

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Include this checklist with your application. Retain copies of the application documents for your records.

Date this application was emailed to [iap@aibc.ca](mailto:iap@aibc.ca):

### Checklist:

- Completed and signed application form
- Copy of architectural certificate/diploma
- Letter(s) of employment
- Scan of valid (non-expired), government-issued photo identification (Canadian ID Preferred)

### Submission Information:

1. Submit your complete application, attachments, and this checklist by email to [iap@aibc.ca](mailto:iap@aibc.ca)
  - Incomplete applications will be destroyed after three months of inactivity.
2. Once your application is approved you will be emailed an invoice with payment instructions.
  - For applicable fees, refer to [Schedule B: Fees](#), found in the [AIBC Bylaws](#).

# Application for Enrolment

IDENTIFICATION (please type or print)

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FULL LEGAL NAME:

\_\_\_\_\_  
(first name) (middle name) (last name)

PREFERRED NAME:

\_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_  
(unit) (street address)

\_\_\_\_\_  
(city) (province) (postal code) (country)

BUSINESS ADDRESS:

\_\_\_\_\_  
(firm name)

\_\_\_\_\_  
(unit) (street address)

\_\_\_\_\_  
(city) (province) (postal code) (country)

PREFERRED MAILING ADDRESS:

Home

Business

PERSONAL PHONE:

\_\_\_\_\_

BUSINESS PHONE:

\_\_\_\_\_

PREFERRED PHONE NUMBER:

Personal

Business

PERSONAL EMAIL:

\_\_\_\_\_

BUSINESS EMAIL:

\_\_\_\_\_

PREFERRED EMAIL ADDRESS:

Personal

Business

GENDER:

Woman

Man

Non-Binary

Prefer not to Respond

DATE OF BIRTH (MM/DD/YYYY):

\_\_\_\_\_

LANGUAGES: English

French

Other(s): \_\_\_\_\_

## POST-SECONDARY EDUCATION

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List your Architecture related post-secondary programs. Use supplementary sheet as necessary.

Name of School	Credential Received (E.g. M.Arch or Architectural Technology Certificate)	Graduation Year

CACB # (if applicable): \_\_\_\_\_ NCARB # (if applicable): \_\_\_\_\_

Signature

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Full Legal Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

### **COLLECTION NOTICE**

*The information on this form is collected under the authority of AIBC Bylaws under the Professional Governance Act, S.B.C. 2018, c. 47. The information will be used to process your application and update the AIBC's records on the status of its applicants and Registrants. If you have questions about the collection and use of this information, please contact the AIBC's Registration & Licensing department by phone at 604.683.8588 or by email at [registration@aibc.ca](mailto:registration@aibc.ca). As a public body under the provisions of the Freedom of Information and Protection of Privacy Act, the AIBC provides security and confidentiality of your personal information.*