

Application for Student Member

Please Note: The attached application is for individuals applying as a Student Member. To be entitled to membership as a Student Member, an individual must be enrolled in or have graduated from an educational program accredited by a designated architectural certification board. There is no application fee or annual renewal fee for a Student Member.

Benefits to being a Student Member include networking opportunities, periodic updates from the AAPEI on the architecture community, opportunities to participate in NSAA committees, and attending annual meetings.

A completed application consists of:

- Completed application form
- Proof of Current/Past Enrolment in a CACB Accredited Program/Institution
 Example: Copy of Student ID, Copy of diploma, certificate, or letter of acceptance to university. (Proof of current/past enrollment may be forwarded at a later time, but must be received before application can be reviewed/approved.)

A. IDENTIFICATION (Please Print)

1.	NAME IN FULL:					
2.	MAILING ADDRESS:					
3.	RES. TELEPHONE:CELL PHONE:					
	E-MAIL ADDRESS:					
4.	DATE OF BIRTH (Day/Month/Year):					
5.	English Proficiency: Yes or No Please list any other languages you are fluent in, either written and/or spoken:					
	a) I am a Canadian Citizen (yes or no): or b) I hold status as a Permanent Resident (yes or no): or c) I hold a work visa or a student visa (yes or no):					

B. <u>EDU</u>	CATION HISTORY					
1.	a) Educational Institution	Dates of Attendance	Degree/Diploma Received	Year Received		
The fo applica used o	ation, and that all info n most other applica	ormation provided i tions from this poin	at you (the applicant) are s true to the best of you t forward with all licensi for future applications.	r knowledge. Simila	ar declarations are	
l,	(Name in Full)		do solemnly declare	2:		
(a) THAT I am the applicant herein.(b) THAT the facts set out in the foregoing application are true and correct in every particular.						
force a	nd effect as if made	under oath, by virtu cts Association of P	ously believing it to be tr ie of the Canada Evidenc rince Edward Island to p ate.	e Act.		
Name	of Applicant (Please I	Print)	Signature			

For more information please contact AAPEI at: 92 Queen Street, Charlottetown, PE, C1A 4B1

(902) 566-3699

director@aapei.com www.aapei.com

Date