



Architects Licensing Board of Newfoundland and Labrador

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 Architects Licensing Board of Newfoundland and Labrador (ALBNL).

The registration examination recognized by the Board 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.

Architects Licensing Board of Newfoundland and Labrador

P. O. Box 5204, St. John's, NL, A1C 5V5 / (709) 726-8550
albnl@albnl.com / www.albnl.com

APPLICATION FOR INTERN MEMBERSHIP

Intern Architect Membership Fees:

Required Fees must accompany your completed original application form.

Application Fee:	\$100.00 + 15% HST (\$15.00) =	\$ 115.00
ALBNL Fee:	\$409.00 + 15% HST (\$61.35) =	<u>\$ 470.35</u>
		TOTAL: \$ 585.35

Payment Options:

(ALBNL do not accept credit card payments)

Cheque, e-Transfer, or Cash

I hereby make application for registration as an Intern Member of the ALBNL 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: