

A. IDENTIFICATION Please check one: Miss Mrs. Ms. Mr. Other_____

1. Name in Full: _____
(Please print) First Name Middle Name (s) Surname

2. Residence Address _____
Street Apt. No.

City Province/State/Territory Postal Country

3. Residence Tel: _____

4. E-mail: _____

5. Date of Birth: _____
Month Day Year

6. Address on Web Site: Yes No (If you choose not to have your address published, only your name will be included in the printing.)

B. EDUCATION

1. I am a graduate of _____
Name of School or College

with a degree/ diploma Years of Study

C. EMPLOYER (If currently employed)

1. Firm Name: _____

2. Address: _____
Street Suite No.

City Province/State/Territory Country Postal/Zip Code

D. HISTORY

1. If you hold any type of associate status with another architectural technologist association, please identify. _____

Signature of Applicant

Date



Consent Form

Under the Personal Information Protection and Electronic Documents Act (PIPEDA) for the collection, use, disclosure and retention of personal information collected by the Ontario Association for Applied Architectural Sciences in the course of its commercial activities.

Name: _____
(please print)

Address: _____

City: _____ Prov./State: _____ Postal/Zip Code: _____

Telephone: _____ E-mail: _____

This Consent Form provides the Ontario Association for Applied Architectural Sciences (OAAAS) with permission to forward the above personal information to the Ontario Association of Architects as it relates to the commercial activities of the OAAAS.

<i>I hereby consent to the release by the OAAAS of all relevant information to the Ontario Association of Architects and the organization offering the OAA Group Insurance Plan to Licensed Technologists OAA and other classes of persons with the OAA for the purpose of enabling this organization to contact me.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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* Note that the address includes the City, Province/State and Postal/Zip Code. I acknowledge that I have the right to amend this Consent Form in writing.

Signature _____ Date _____

Application Fee

OAAAS membership payment should be made in Canadian funds, by **cheque, money order, bank draft (made payable to the OAAAS)**. The fees listed below are in Canadian funds and include the Harmonized Sales Tax (HST).

Application Fee (incl. HST) Applicants submitting sufficient retroactive hours to achieve Technologist OAAAS level membership may immediately join as Technologists. Other candidates will be required to pay a reclassification fee when they move from Associate to Technologist level.	\$339.00
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Please include the following documents with your Application for Membership:

1. Resume
2. Birth Certificate or Passport (photocopy)
3. Transcripts
4. Diploma (photocopy)
5. Membership payment

Thank you.

November 2011