

## THE MANITOBA ASSOCIATION OF ARCHITECTS

SUITE 101 - 177 LOMBARD AVENUE WINNIPEG MANITOBA R3B 0W5 PH: (204) 925-4620 FAX: (204) 925-4624 EMAIL: info@mbarchitects.org

## APPLICATION FOR INTERN MEMBERSHIP

NAME IN FULL, AS APPEARS ON PHC (please print)		FIRST	MIDDLE (if applicable)
RES. ADDRRESS:		NO. & STREET	, 'I' ,
	CITY	PROVINCE	POSTAL CODE
PHONE NUMBER (	RES):		
PRESENT EMPLOY	YER:		
EMPLOYER'S ADD	RESS:	NO. & STREET	
	CITY	PROVINCE	POSTAL CODE
PHONE NUMBER (	BUS):		
PREFERRED MAILING ADDRESS: RESIDENCE			BUSINESS
DATE OF BIRTH (M	ITH/DAY/YR):		
EMAIL ADDRESS:			
DEGREE (S):	1)		
(2	2)		
FROM: (	1)		IN
(ZENCLOSE:	(UNIVERSITY OR S	CHOOL OF ARCHITECTURE)	IN (MONTH & YEAR)

- A PHOTOCOPY OF YOUR DEGREE (S);
- A PHOTOCOPY OF YOUR CACB CERTIFICATION;
- COMPLETED MENTOR CONFIRMATION FORM; AND
- COMPLETED EMPLOYER CONFIRMATION FORM (IF APPLICABLE).

MAIL APPLICATION TO: THE MANITOBA ASSOCIATION OF ARCHITECTS

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(YOU WILL BE INVOICED FOR APPLICABLE MEMBERSHIP DUES AFTER YOUR APPLICATION HAS BEEN ACCEPTED.)