

APPLICATION FOR GRADUATE MEMBER ENROLMENT

To be completed and returned to the AAPEI office.

NAME IN FULL: _____

RESIDENCE ADDRESS: _____
Include Postal Code _____

DATE AND PLACE OF BIRTH: _____

- Delete one of the following statements as appropriate:
 - I hereby certify that I attended a University School of Architecture in Canada from _____ to _____ and received the following degree: _____ **Please enclose a photo- copy of your degree.**
 - I hereby certify that I have completed the required studies and passed the examinations to the approval of Council while enrolled with the Architects' Association of Prince Edward Island as a Student Member.
- I have obtained Canadian Architectural Certification Board (CACB) certification of my academic credentials. **Please enclose a photocopy of evidence of certification.**
- I have worked in the office of _____ from _____ to _____ and enclose details of my experience, and/or

I am currently working in the office of _____ and it is my intention to complete the period of assistantship as laid down in the Architect's Act of Prince Edward Island and the Bylaws enacted under it.

I hereby make application for enrolment as a Graduate Member of the Architects' Association of Prince Edward Island and agree that if accepted I will abide by the Act and By-laws of the Association.

I tender \$25.00 being the annual dues for the current year.

Date: _____ Signature: _____

For AAPEI Use Only:

Received: _____

Approved By Council: _____

Experience Record Book Issued: _____

APPLICATION FOR GRADUATE ENROLMENT

Name of Applicant (Please Print)

Date of Application

AAPEI PROFESSIONAL LIABILITY INSURANCE FORM

Professional Liability Insurance in an amount not less than \$250,000.00 limit per claim, and an aggregate limit per year of \$250,000.00 is a mandatory requirement for obtaining a Certificate of Practice from the AAPEI. All Certificate of Practice holders must submit this form. All holders of a Certificate of Practice and all Temporary License holders shall immediately notify the Registrar of the AAPEI if their Professional Liability Insurance is cancelled or is not renewed annually.

name of insured (please print)

name of insurance company

name of insurance broker

insurance policy number

date of expiry

signature of insured (please print)

date