

Application for Student Member/~~Recognized Student Member~~

(amended for BEDS students)

Please Note: The attached application is for individuals applying as a Student Member/~~Recognized 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/~~Recognized Student~~.

~~A Recognized Student Member is a Student who is currently enrolled in an accredited program and has completed 60 credit hours as confirmed by the University. A Recognized Student may submit student hours for review and consideration in the Internship in Architecture Program, 2020.~~

Benefits of being a Student Member/~~Recognized Student Member~~ include networking opportunities, periodic updates from Atlantic Associations in the architecture community, opportunities to participate in NSAA committees, and attending annual meetings.

A completed application consists of:

Completed application form

Proof of Current Enrollment in a CACB Accredited Program/University
(Confirmation of Enrollment Letter issued by the University for the current academic term)

Proof of Canadian Citizenship or Resident Status
(PDF of Canadian Passport or Birth Certificate; or Permanent Resident's Card, Student Visa, or Work Visa)

~~and for Recognized Students: University Declaration~~

A. IDENTIFICATION *(Please Print)*

1. NAME IN FULL: _____
(Surname) (First Name) (Middle Initials)

2. MAILING ADDRESS: _____
(Street) (Apt #)

(City) (Province) (Postal Code)

3. RES. TELEPHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

4. DATE OF BIRTH: _____
(Day/ Month/ Year)

5. Do you possess the proficiency to speak/write effectively in the English language? Yes ☐ No ☐

Please list any other languages you are fluent in, either written and/or spoken: _____

6. a) I am a Canadian Citizen or Yes ☐ No ☐

b) I hold the status of a permanent resident of Canada or Yes ☐ No ☐

c) I hold a work visa or student visa Yes ☐ No ☐

B. EDUCATION HISTORY

Educational Institution	Dates of Attendance	Degree/Diploma Received	Year Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

~~C. RECOGNIZED STUDENT STATUS.~~

- ~~☐ I am applying as a RECOGNIZED STUDENT who is currently enrolled in an accredited program and has completed 60 credit hours. I hereby certify that I attend: _____ and I am enrolled in the following Program: _____~~

D. DECLARATION

The following declaration is used to confirm that you (the applicant) are the individual filling out the application and that all information provided is true to the best of your knowledge. Similar declarations are used on most other applications from this point forward with all licensing authorities. Becoming familiar with this format and wording will help you prepare for future applications.

I, _____ do solemnly
declare: (Name in Full)

THAT I am making the application as a Student Member of the Nova Scotia Association of Architects and agree that if approved, I will abide by the Act, Regulations, Bylaws, and Canons of Ethics

THAT I understand that there is no fee for Student Membership/Recognized Student Membership and that I must renew my membership annually

THAT I grant permission to share my contact information with the ALBNL, AANB, and AAPEI so I can receive student-specific regional news, information educational

THAT I agree to submit the following form (which must be completed by the University named above), with the submission of my student hours following my first employment block.

THAT I am the applicant herein.

THAT the facts set out in the foregoing application are true and correct in every particular.

AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath, by virtue of the Canada Evidence Act.

AND I authorize the Nova Scotia Association of Architects to publish in their directory and website my name and contact information where appropriate.

Name of Applicant (Please Print)

Signature

Date

For more information, please contact the NSAA at: info@nsaa.ns.ca / (902) 423-7607 / www.nsaa.ns.ca