



## Reinstatement Application for Accredited Members Only The Association of Architectural Technologists of Ontario

2355 Derry Road East, Unit 38, Mississauga, ON L5S 1V6  
Tel: 905-405-0840 + Toll Free: 1-866-805-AATO (2286) + Fax 905-405-9882  
Website: [www.aato.on.ca](http://www.aato.on.ca) + Email: [aato@bellnet.ca](mailto:aato@bellnet.ca)

### CONTACT INFORMATION :

PLEASE PRINT CLEARLY

Please check one:     Mr.             Miss             Mrs.             Ms.

Given Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                    Apt/Suite            Street Number            Street Name

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Home Phone #:        (        ) \_\_\_\_\_ -- \_\_\_\_\_

Cell Phone #:        (        ) \_\_\_\_\_ -- \_\_\_\_\_

Email Address: \_\_\_\_\_

AATO Membership #: \_\_\_\_\_ Year of Last Paid Membership Dues: \_\_\_\_\_

Number of Years Membership Has Lapsed: \_\_\_\_\_

### BUSINESS:

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                                    Apt/Suite            Street Number            Street Name

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Business Phone #:        (        ) \_\_\_\_\_ -- \_\_\_\_\_ Ext. # \_\_\_\_\_

Business Cell Phone #:        (        ) \_\_\_\_\_ -- \_\_\_\_\_

Business Email Address: \_\_\_\_\_

### AATO REINSTATEMENT POLICY:

The Association reviews applications on the 2<sup>nd</sup> Monday of each month. Your payment will not be processed unless the AATO approves your application for reinstatement. If you pay by cheque and your application for reinstatement is not approved, your cheque will be returned to you.

**Brief Job Description and Number of Years' Experience:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational Institute and Course of Study:** \_\_\_\_\_

\_\_\_\_\_

**What other professional associations do you currently belong to?** \_\_\_\_\_

\_\_\_\_\_

I hereby apply to be reinstated as a Member with the Association of Architectural Technologists of Ontario. I certify that all the statements made within this application to be complete and correct. If accepted as an Member, I agree to abide by all the by-laws and policies set forth by the Association. I understand that the accreditation certificate remains property of the Association and shall be returned upon request or upon the cessation of my membership for any reason.

I authorize AATO to collect and retain the information provided within this application form on file for the duration of my membership with the Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

**REINSTATEMENT FEES:** Please note your reinstatement fee of \$400.00 must accompany this application.

Payments can be made by Cheque payable to "The Association of Architectural Technologist of Ontario" or by Credit Card. \*\*Please note there is an administration fee of \$10.00 for any credit card payments\*\*

**Credit Card Information:**     Visa             MasterCard

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

**For Office Use Only :**

<b>Application Reviewed by :</b>	<input type="checkbox"/> <b>Accept</b> <input type="checkbox"/> <b>Decline</b>	<b>Date:</b> ____ / ____ / ____ mm    dd    yyyy
<b>Comments:</b>		
<b>Further Action Required :</b>	<b>If yes, explain :</b>	