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Membership Application

The Association of Architectural Technologists of Ontario

7611 Pine Valley Drive, Unit 13, Vaughan, ON L4L 0A2
Tel: 905-405-0840 + Toll Free: 1-866-805-AATO (2286) + Fax 905-405-9882
Website: www.aato.on.ca + Email: aato@bellnet.ca

CONTACT INFORMATION:

PLEASE PRINT CLEARLY

Please check one: Mr. Miss Mrs. Ms.

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ / _____ / _____
 Apt/Suite Street Number Street Name

City: _____ Postal Code: _____ Province: _____

Home Phone #: () _____ -- _____

Cell Phone #: () _____ -- _____

Email Address: _____

Date of Birth: ____ / ____ / ____
 mm dd yyyy

Are you: a Canadian Citizen Permanent Resident Other

For other, please specify: _____

BUSINESS:

Business Name: _____

Business Address: _____ / _____ / _____
 Apt/Suite Street Number Street Name

City: _____ Postal Code: _____ Province: _____

Business Phone #: () _____ -- _____ Ext. # _____

Business Cell Phone #: () _____ -- _____

Business Email Address: _____

ACCREDITED TITLE YOU WISH TO PURSUE: *(please check one)*

- Architectural Technologist Architectural Technician
 Registered Building Technologist Registered Building Technician

How did you hear about AATO? AATO Website

- Professional Associate
- Employer
- Tradeshow - Name of Show _____ Year _____
- Magazine - Please Specify _____
- Other - Please Specify _____

What other professional associations do you currently belong to? _____

It is essential that all parts of the following section are completed in full. Insufficient information or incomplete applications will automatically be rejected by the Certification Board. It is important that all applicants ensure that adequate information is provided as requested. Please attach certified copies of any documents that you feel will assist with your application.

FORMAL EDUCATION:

Secondary (High) School	Location	Years Attended		Diploma or Grade Achieved
		From	To	

Post Secondary Institute, College of Applied Arts & Technology, University	Location	Years Attended		Diploma, Certificate or Degree
		From	To	

CONTINUING EDUCATION:

Courses / seminars, (verification of completion is required e.g. transcripts, certificates, etc.)

School, Institute, etc.	Location	Year	Length (Hours)	Subjects Completed Successfully

Verification of information submitted regarding Diplomas or Certificates held by the applicant must accompany this application in the form of non - returnable photocopies. Foreign language documentation must be accompanied by a verified English translation. The applicant's own translation will not be accepted. Original copies must be available should the validity of a document be called into question.

PREVIOUS WORK EXPERIENCE:

Please provide a chronological list utilizing the following headings for positions you have held. A letter certifying the period of employment from all firms which will establish relevant experience must accompany this application.

Dates		Job Title	Employer's Name	Supervisor's Name	Supervisor's Title	City or Town
From	To					

DETAILED CURRENT JOB DESCRIPTION:

Please submit a detailed job description for your current position using the following headings in the spaces provided:

Job Title: _____

Company Name: _____

Department: _____

Title of Direct Supervisor: _____

Date of Appointment: _____

Please describe the various functions of the job in order of importance and indicate the percentage of time spent on each function: _____

If you require additional space to provide information, or to attach any additional documents relevant to your application, please staple these documents to this application.

VERIFICATION OF JOB DESCRIPTION:

Applicants must provide the following completed statement, provided by their immediate supervisor or other responsible person herein as evidence that their description of current job functions and roles as completed and attached are valid. *This section must not be signed until the above section is completed in full.*

I, _____ agree with the applicant's detailed description as outlined in this application form.

Supervisor's Name: _____ Title: _____
Please Print

Signature: _____ Date: ____ / ____ / ____
mm dd yyyy

Company: _____

Intern Membership may be held by any individual currently enrolled in the AATO intern program and is a participant in an upgrading program, as recommended by the Certification Board and the Board of Examiners, in their sole discretion.

An individual recognized for Intern Membership may use the designation 'AATO Intern Member' after his / her name, but may not use any modifications of this title. This designation shall only be used in the direct connection with the name of the individual Intern Member.

INTERN MEMBER DECLARATION:

I hereby apply for Intern Membership 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 Intern 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 yy

PLEASE NOTE: A non-refundable fee of \$125.00 must accompany all applications.

Payment Options:

- Cheque Cheque #: _____
- Visa
- MasterCard

Credit Card #: _____

Expiry Date: ____ / ____ CSC# (3 digit number on the back of the credit card) _____

Name of Cardholder: _____

Signature of Cardholder: _____

For Office Use Only:

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