



# Student Membership Application

## Association of Architectural Technologists of Ontario

7611 Pine Valley Drive, Unit 13, Vaughan, Ontario L4L 0A2  
 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) ♦ e-mail: [aato@bellnet.ca](mailto:aato@bellnet.ca)

Please print or type the information requested:

Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	College:	College Year: 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/>
First Name: _____ Last Name: _____	Date of Birth (mm/dd/yy) / /	Date of Application / /
Home Address : (Number, Street & Unit #)		Classification: <b>STUDENT</b>
City: _____ Province: _____ Postal Code: _____	Co-op Program Yes <input type="checkbox"/> No <input type="checkbox"/>	
Telephone Number ( ) Fax Number( ) E-Mail Address) _____	Expected Graduation Date:	
Are you a Canadian citizen <input type="checkbox"/> Permanent resident in Canada <input type="checkbox"/> Others <input type="checkbox"/> For other please specify _____		
<i>Accreditation programs available upon graduation:</i> ▶ Architectural Technologist                      ▶ Registered Building Technologist ▶ Architectural Technician                         ▶ Registered Building Technician		

*Students are not required to pay any application fee. The first year of Student membership is FREE. Upon reaching your second year of membership, and the beginning of AATO's calendar year (January), you will be invoiced for membership fees. The annual membership fee for students is currently \$35.00. Upon graduation, Student members must send AATO copies of their official transcripts and request for reclassification to Intern level.*

### STUDENT MEMBERSHIP APPLICANTS

**A. Verification:** In order to verify your status as a student, please provide the necessary information in the space provided below and have it signed by your college instructor or representative.

This is to certify that \_\_\_\_\_ is presently enrolled as a student at \_\_\_\_\_ in the \_\_\_\_\_ (1st / 2nd / 3rd ) year of the \_\_\_\_\_ program, ( co-op  )

*(Professor Name)*

Printed: \_\_\_\_\_ Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**B. Commitment:** In making this application, I hereby agree to abide by all the regulations and by-laws of the Association.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:**

Reviewed by:	Accept <input type="checkbox"/> Decline <input type="checkbox"/>	Membership No. ST-
Comments:		
Further Action Required <span style="float: right;">If Yes, Explain:</span>		