

Membership Application Form



Association of Architectural Technologists of Ontario

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Please print or type the information requested:

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>	Chapter	Distributed at: Convention <input type="checkbox"/> Show <input type="checkbox"/> Regular Mail <input type="checkbox"/> Website <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> Renewal
Last Name	Given Name	Business Name:	Date of Birth (dd/mm/yy)
Home Address Street, Number and Unit	Business Address Street, Number and Unit		<input type="checkbox"/> Updated Classification
City Province Postal Code	City Province Postal Code		<u>Classification</u> <input type="checkbox"/> Intern <input type="checkbox"/> Student <input type="checkbox"/> BCIN
Telephone Number Fax Number () ()	Telephone Number Fax Number () ()		
Personal Email Address:		Business Email Address:	
Accredited Title you wish to pursue: <input type="checkbox"/> Architectural Technologist <input type="checkbox"/> Architectural Technician <input type="checkbox"/> Registered Building Technologist <input type="checkbox"/> Registered Building Technician			
Do you wish to receive correspondence from the AATO at your home <input type="checkbox"/> or business <input type="checkbox"/> address? Choose one option only.			
Are you a citizen of Canada <input type="checkbox"/> permanent resident in Canada <input type="checkbox"/> other <input type="checkbox"/> ? Please specify _____ ?			

For office use only:

REVIEWED BY:	ACCEPT <input type="checkbox"/> DECLINE <input type="checkbox"/> MEMBERSHIP NO.	REFER TO BOARD OF EXAMINERS <input type="checkbox"/>	Title: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
COMMENTS:			
FURTHER ACTION REQUIRED <input type="checkbox"/>	IF YES, EXPLAIN?		

Please note: A Non-Refundable fee of **\$100.00** must accompany all applications *except those of students*. 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.

1. **STUDENT MEMBERSHIP APPLICANTS** (this Section is for **Students Only**)

a. **Verification**

In order to verify your status as a student, please provide the necessary information in the blanks below and have it signed by your college instructor or representative.

This is to certify that _____ is presently enrolled as a student
in the _____ year of the _____ program at _____

Signed: _____ Title _____ Date _____

Printed Name: _____ Bus No. _____

b. **Commitment**

In making this application, I hereby agree to abide by all the regulations and by-laws of the Association and submit to its disciplinary measures.

Date _____ Applicant's Signature _____

Printed Name: _____ Bus No. _____

NOTE: This marks the end of the application for Students. The following information is required for all other applicants.

2. **ALL OTHER MEMBERSHIP APPLICANTS**

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

a. **EDUCATIONAL QUALIFICATIONS**

Secondary 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	Hours	Subjects completed successfully

Verification of information submitted regarding Diplomas or Certificates held by the applicant must accompany the 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.

b. EXPERIENCE/QUALIFICATIONS

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	Supervisor's Name	Title	Employer's Name	Location
From	To					

c. DETAILED JOB DESCRIPTIONS

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

(i)

Job Title

(ii)

Department

(iii)

Company

(iv)

Title of Person to whom you Report

(v)

Date of Appointment

(vi)

Describe the various functions at the job in their order of importance. Please indicate the percentage of time spent on each function

(vii)

Specify how you would influence or direct the work of others, indicating the number and qualifications of the people involved and the variety of organizational functions.

(viii)

Additional relevant information

d. VERIFICATION OF JOB DESCRIPTION

Applicants must request and have their immediate superior or other responsible person complete the statement herein as evidence that their description of job functions and roles 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 above.

Signed _____ Date: _____

Title: _____ Company: _____

e. OTHER QUALIFICATIONS

Applicants should list all other professional associations/organizations in which they are members.

f. COMMITMENT

I certify that the above statements and attachments are correct. In making this application I understand that the accreditation certificate remains the property of the Association and shall be returned upon request of the Association or upon the cessation of my membership for any reason. I hereby agree to abide by all of the regulations and by-laws of the Association and submit to its disciplinary measures.

Applicant's Signature: _____ Date: _____

PLEASE ENSURE THAT YOU HAVE ANSWERED ALL OF THE SECTIONS OF THE APPLICATION IN FULL AND THAT YOU HAVE INDICATED ON THE FORM WHERE YOUR ATTACHMENTS ARE APPLICABLE. THE ASSOCIATION IS NOT RESPONSIBLE FOR LOST OR MISSING INFORMATION. THE APPLICATION FEE OF \$100.00 MUST ACCOMPANY ALL APPLICATIONS FOR INTERN MEMBERSHIP.