

Other than basic firm contact information, the following will be treated as confidential:

Identification – for display on the online directory

Firm name _____
Address _____
City _____ Postal Code _____
Phone (_____) _____ Fax (_____) _____
General e-mail address _____
Website address _____

CONFIDENTIAL INFO FOR INTERNAL USE ONLY:

Name of PRIMARY contact at the firm _____
Title of Primary contact _____
E-mail address of Primary contact _____
Phone number of Primary contact (_____) _____

Firm profile

Number of employees at the firm (as reported to AAA annually) _____
Firm's AAA membership number _____

Declaration

The undersigned, as the architect authorized by _____
to commit to my firm's membership in the Consulting Architects of Alberta, do hereby certify that the
information contained in this membership application is correct, and that the firm is in compliance
with the membership accreditation criteria.

On behalf of my firm I have also signed the attached charter document agreeing to the underlying
principles of our membership with the Consulting Architects of Alberta.

Print name of authorized firm representative _____
Signature _____ Date: _____

Please mail, e-mail or fax completed form to: Consulting Architects of Alberta,
10415 Princess Elizabeth Avenue, Edmonton, AB T5G 0Y5 Fax: 780-488-4566
info@consultingarchitects.ab.ca.

An INVOICE for dues will be sent upon receipt of the completed forms.