

Application For Retired Architect Renewal

A. PERSONAL INFORMATION

1. Name in Full: _____
(Surname) (First Name) (Middle Name)
2. Residence Address: _____
(Street) (Apt #)

(City) (Province/Territory/State) (Country) (Postal Code)
3. Residence Tel: () _____ Business Tel: () _____
4. E-Mail: _____

B. FEE

Please select payment method:

- Charge \$69.00 (\$60.00 + HST) to Credit Card:  

Credit Card #: _____ Exp. Date: / CVV/CV2: _____

Cardholder Name _____

Signature _____

C. DECLARATION

I am the member completing this application. The information contained herein is correct to the best of my knowledge and belief. I will immediately notify the Association of any changes to any of the information contained in this application.

Signature

Date

For more information, please contact the NSAA at:
 1361 Barrington Street, Halifax, NS B3J 1Y9
 (902) 423-7607
info@nsaa.ns.ca | www.nsaa.ns.ca