

UNITED ARCHITECTS OF THE PHILIPPINES

THE INTEGRATED AND ACCREDITED PROFESSIONAL ORGANIZATION OF ARCHITECTS

3-TIME PRC's MOST OUTSTANDING ACCREDITED PROFESSIONAL ORGANIZATION AWARDEE UAP CORPORATE CENTER, 53 SCOUT RALLOS ST., DILIMAN, QUEZON CITY TEL. NOS. (632) 4126403 • 4126364 • 4123312 • 4126374 • FAX NO. (632) 3721796 EMAIL: uapnational@yahoo.com • WEBSITE: www.united-architects.org

UAP - IAPOA FOSTER MEMBERSHIP FORM

THIS FORM MUST BE PROPERLY FILLED-UP AND ENDORSED BY THE FORMER CHAPTER BEFORE REGISTRATION CAN BE PROPERLY PROCESSED. THE UAP-IAPOA MEMBERSHIP REGISTRATION FORM MUST BE ATTACHED WITH THIS FORM.							BE	
A. PERSONAL INFORMATION								
FAMILY NAME		FIRST NAME	MIDDLE NAME					
							CURRENT PHOTO	
BIRTHDATE (MM/DD/YYYY)		BIRTHPLACE		SEX		CIVIL STATUS	(1.5" X 1.5"; white background)	
HOME / PERMANENT ADDRESS				TEL NO/s.		FAX NO/s.		
FACEBOOK ID		TWITTER ID		SKYPE ID		WEBSITE	MOBILE NO/s.	
NAME OF COMPANY AND ITS	TEL NO/s.		FAX NO/s.	EMAIL ADDRESS				
	DESIGNATION	N						
B. FOSTERING INFORMATION								
1. REASON FOR FOSTERING MEMBERSHIP								
Temporary Change of Residency Change of Workplace				Others (pl	Others (please specify)			
2. HOST CHAPTER AFFILIATION EFFECTIVE (MM/DD/YYYY)								
MOTHER CHAPTER								
CHAPTER NAME								
ADDRESS								
TELEPHONE NO/s.	ELEPHONE NO/s. EMAIL ADDRESS							
CHAPTER PRESIDENT					MOBILE NO.			
AUTHORIZATION FOR FOSTERING (MOTHER CHAPTER) By the power vested upon me by the UAP By-laws as Chapter President and upon the evaluation of the applicant's Membership Status with the Chapter, I hereby authorize the fostering of Arch by (Host Chapter).								
Signature Over Printed Name of Chapter President Date								
HOST CHAPTER								
CHAPTER NAME								
ADDRESS								
TELEPHONE NO/s.			EMAIL	ADDRESS				
CHAPTER PRESIDENT						MOBILE NO.		
AUTHORIZATION FOR FOSTERING (HOST CHAPTER)								
By the power vested upon me by the UAP By-laws as Chapter President and upon the evaluation of the applicant's Membership Status with his/her Chapter, I hereby accept the application for fostering of Arch to our Chapter subject to our Internal Rules and Regulations. Signature Over Printed Name of Chapter President Date								
APPLICANT'S CERTIFICATION. I do hereby certify that all the information herein is a true statement of my Applicant's Signature and							ure and Date	
personal and professional information as of this date, as required by and in accordance with the UAP By-Laws and its Implementing Rules and Regulations. Furthermore, I will strive to actively participate in my Host Chapter's activities and abide with its' Internal Rules and Regulations.								
	•	JAP NATIONAL ADMINISTRATION	USE ON					
Verification of Information/Da	ta	Recommending Approval:		Approved		l by	Data Encoded by	
UAP National Admin – Membership Divis Membership Form rev 08/2011		Executive Director, Internal Affairs		UAP Secretary Genera		General	UAP National Admin – Membership Division	