



# 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

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## UAP-IAPOA MEMBERSHIP REGISTRATION FORM

THIS FORM MUST BE PROPERLY FILLED-UP AND ENDORSED BY THE CHAPTER BEFORE REGISTRATION CAN BE PROPERLY PROCESSED				<input type="checkbox"/> NEW MEMBER		<input type="checkbox"/> EXISTING MEMBER		<b>PHOTO</b> (1.5" X 1.5"; white background)			
<b>A. PERSONAL INFORMATION</b>											
FAMILY NAME:		FIRST NAME:		MIDDLE NAME:							
BIRTHDATE (mm/dd/yyyy):		BIRTHPLACE:		SEX:		CIVIL STATUS:					
HOME/PERMANENT ADDRESS:											
TELEPHONE NO./s:		FAX NO./s		MOBILE NO./s:		E-MAIL ADDRESS/es:					
FACEBOOK ID:		TWITTER ID:		SKYPE ID:		WEBSITE:					
COMPANY NAME:				OFFICE ADDRESS:							
DESIGNATION:		TELEPHONE NO./s		FAX NO./s:		E-MAIL ADDRESS/es:					
HIGHEST EDUCATIONAL ATTAINMENT:				SCHOOL:		YEAR GRADUATED:					
SPECIAL COURSE / TRAINING:				SCHOOL/INSTITUTE/AGENCY:		YEAR COMPLETED:					
AWARDS/RECOGNITION (previous fiscal year only):				INSTITUTION/AGENCY (non-UAP)		DATE:					
<b>B. PROFESSIONAL INFORMATION</b>											
PROFESSION:	REG. NO.:	DATE ISSUED:	VALIDITY:	TYPE OF ARCH'L PRACTICE:		ARCH'L SERVICES RENDERED:					
ARCHITECT											
OTHERS:				<input type="checkbox"/> ACADEME <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIVATE PRACTICE <input type="checkbox"/> PRIVATE CORP. <input type="checkbox"/> OTHERS _____		<input type="checkbox"/> PRE-DESIGN <input type="checkbox"/> DESIGN <input type="checkbox"/> SPECIALIZED ALLIED <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> POST-CONSTRUCTION <input type="checkbox"/> DESIGN-BUILD <input type="checkbox"/> CONSULTING <input type="checkbox"/> CAD / 3D <input type="checkbox"/> OTHERS _____					
SPECIFIC TYPE OF EXPERTISE:		YEARS OF PRACTICE									
1.											
2.											
3.				PROVIDER: PARTICIPATION (speaker/participant): CPE CREDITS:							
4.											
1.											
2.											
3.											
4.				<b>C. MEMBERSHIP STATUS</b>		<b>CERTIFICATION</b> I hereby certify and declare under the penalties of perjury, that all the information herein is a true statement of my 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.  _____ Signature Date					
UAP CHAPTER:								CURRENT POSITION:			
YEARS IN ABOVE CHAPTER:								PREVIOUS CHAPTER:			
NATIONAL BOARD/COMMISSIONS/COMMITTEES:								CURRENT POSITION:			
1.											
2.											
UAP FELLOW:		EXPERTISE:		YEAR ELEVATED:							
APEC ARCHITECT:		REGISTRATION NO.:		YEAR CONFERRED:							
LIKHA AWARDEE:				YEAR CONFERRED:							
<b>OFFICIAL IAPOA NUMBER</b>											
UAP NUMBER		OFFICIAL RECEIPT NO.		O.R. PAYMENT DATE							
				Signature of Chapter President/Treasurer							
				Date							



**UNITED ARCHITECTS OF THE PHILIPPINES**  
THE INTEGRATED AND ACCREDITED PROFESSIONAL ORGANIZATION OF ARCHITECTS

**APPLICATION FOR UAP-IAPOA IDENTIFICATION CARD**

NOTE: TO BE ACCOMPLISHED PERSONALLY BY THE UAP MEMBER IN GOOD STANDING FOR THE CURRENT FISCAL YEAR

DATE APPLIED: \_\_\_\_\_

**I. MEMBER'S NAME (FIRST NAME - MIDDLE NAME - SURNAME)**

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Paste here your recent Passport Size colored picture

**II. MEMBER'S GENERAL INFORMATION**

CHAPTER			
PRC NO.		UAP NO.	
IAPOA NO. <small>UAP NO. + UAP O.R. NO. + DATE OF PAYMENT</small>			
ADDRESS			
CONTACT #		MOBILE #	
EMAIL			

FOR UAP SECRETARIAT PROCESSING

ID Pymt - O.R. #	
Verified by	
Processed by	
Released by	

Remarks (e.g. reason for non-processing, etc.)

cut here

CLAIM SLIP (Please present this slip to claim your UAP-IAPOA ID)

Name			
Chapter			
PRC No.		UAP No.	
IAPOA No.			
ID Payment: (Official Receipt No.)			

PROCEDURES: (1) Member in good standing shall fill-up the Application Form for UAP-IAPOA ID (2) Pay the prescribed fees for ID printing at the UAP Secretariat (Finance Division) (3) Submit this form together with the Official Receipt for ID at the UAP Secretariat (Membership Division) and get your claim slip (4) Claim your UAP-IAPOA ID as scheduled. Note: You may also forward this Application Form to your respective Chapter Officers for submission to the UAP National Secretariat. For more inquiries, you may call us at (632) 4126403, 4126364, 4123311. Thank you!

UAP-IAPOA ID Valid Until: \_\_\_\_\_