



UNITED ARCHITECTS OF THE PHILIPPINES

The Integrated and Accredited Professional Organization of Architects (IAPOA)
 53 Scout Rallos St., Barangay Laging Handa, Diliman, Quezon City, MM, Philippines 1103
 Telephone Nos. (632) 888-9266 Fax. No. (632) 372-1796
 Website: www.united-architects.org | Email: membership@united-architects.org

APPLICATION FORM FOR CHAPTER ORGANIZATION (FORM 1)

Date :
 To : The UAP National Board of Directors
 Attention: The Office of the Secretary General
 Thru : Commission on Internal Affairs,
 Commission on Chapter Organization
 Subject: APPLICATION FOR AFFILIATION AS A NEW UAP CHAPTER

Distinguished Members of the National Board:

The undersigned petitioners, duly registered architects, in accordance with the UAP By-Laws and Articles of Incorporation and the Policy Guidelines Manual for Chapter Organization, Series of 2016, desire to form a Chapter to be known as _____ or by any name approved by the National Board of Directors, as endorsed by the Commission on Internal Affairs, do hereby file this application for affiliation as a new UAP chapter.

For purposes of this application, we nominate Arch. _____ with IAPOA Number _____ to act as spoke-person for and in behalf of the petitioners in all transactions prior to their recognition as a Chapter of the United Architects of the Philippines.

The petitioners, aware of their rights and responsibilities within the domain of the UAP as IAPOA, herein affix their signatures and respectfully request for the approval of this application.

No.	Printed Name of Petitioner (s)	PRC No.	UAP No.	Former Chapter (If Any)	Signature
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SUBSCRIBED AND SWORN to before me this _____ day of _____ 2019, at _____, Philippines, affiant exhibiting to me his/her _____ (valid issued government Identification Card) issued on _____ at _____.

Doc. No. _____
Page No. _____
Book No. _____
Series of 2019



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APPLICATION FORM FOR CHAPTER ORGANIZATION (FORM 2)

PROPOSED CHAPTER NAME

CHAPTER SPOKESPERSON

COMPLETE NAME

SIGNATURE

DATE SIGNED

MAILING ADDRESS

EMAIL ADDRESS

CONTACT NUMBERS

ENDORSEMENTS

(ENDORSEMENTS MUST FOLLOW SEQUENCE OF VALIDATIONS)

A. ENDORSEMENT AT THE LOCAL LEVEL

SPONSORING CHAPTER	PRINTED NAME OF CHAPTER PRESIDENT	SIGNATURE	DATE SIGNED
DISTRICT CHAPTER Regional District _____	PRINTED NAME OF DISTRICT DIRECTOR	SIGNATURE	DATE SIGNED

B. ENDORSEMENT AT THE LOCAL LEVEL

COMMITTEE ENDORSEMENT National Committee on Chapter Organization	PRINTED NAME OF COMMITTEE CHAIRMAN	SIGNATURE	DATE SIGNED
COMMITTEE ENDORSEMENT National Committee on Membership	PRINTED NAME OF COMMITTEE CHAIRMAN	SIGNATURE	DATE SIGNED

C. ENDORSEMENT AT THE EXECUTIVE LEVEL

EXECUTIVE ENDORSEMENT Commission on Internal Affairs	PRINTED NAME OF EXECUTIVE DIRECTOR	SIGNATURE	DATE SIGNED
EXECUTIVE ENDORSEMENT National Treasurer	PRINTED NAME OF NATIONAL TREASURER	SIGNATURE	DATE SIGNED
EXECUTIVE ENDORSEMENT Secretary General	PRINTED NAME OF SECRETARY GENERAL	SIGNATURE	DATE SIGNED
EXECUTIVE ENDORSEMENT National Executive Vice President	PRINTED NAME OF NATIONAL EXECUTIVE VP	SIGNATURE	DATE SIGNED

D. NATIONAL BOARD OF DIRECTORS

This Application has been approved by the UAP National Board of Directors in its regular meeting held last _____ held at _____ though UAP Board Resolution No. _____.

APPROVED BY National President	PRINTED NAME OF NATIONAL PRESIDENT	SIGNATURE	DATE SIGNED
OFFICIALLY-APPROVED NAME OF CHAPTER			
DISTRICT JURISDICTION (MOTHER DISTRICT)			
OFFICIAL UAP CHAPTER NUMBER			

SUBSCRIBED AND SWORN to before me this _____ day of _____ 2018, at _____, Philippines, affiant exhibiting to me his/her _____ (valid issued government Identification Card) issued on _____ at _____.

Doc. No. _____
 Page No. _____
 Book No. _____
 Series of 2018