



# UNITED ARCHITECTS OF THE PHILIPPINES

THE INTEGRATED AND ACCREDITED PROFESSIONAL ORGANIZATION OF ARCHITECTS

10-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 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.

### A. PERSONAL INFORMATION

<b>FAMILY NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>CURRENT PHOTO</b> (1.5" X 1.5"; white background)
<b>BIRTHDATE (MM/DD/YYYY)</b>		<b>BIRTHPLACE</b>		<b>SEX</b>	<b>CIVIL STATUS</b>	
<b>HOME / PERMANENT ADDRESS</b>				<b>TEL NO/s.</b>	<b>NATIONALITY</b>	
<b>FACEBOOK ID</b>	<b>TWITTER ID</b>		<b>PRC REGISTRATION NUMBER</b>	<b>UAP REGISTRATION NUMBER</b>	<b>MOBILE NO/s.</b>	
<b>NAME OF COMPANY AND ITS OFFICIAL ADDRESS</b>				<b>TEL NO/s.</b>	<b>FAX NO/s.</b>	
				<b>DESIGNATION</b>		

### B. FOSTERING INFORMATION

#### 1. REASON FOR FOSTERING MEMBERSHIP

<input type="checkbox"/> Temporary Change of Residency	<input type="checkbox"/> Change of Workplace	<input type="checkbox"/> Others (please specify)
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#### 2. HOST CHAPTER AFFILIATION EFFECTIVE (MM/DD/YYYY)

#### MOTHER CHAPTER

<b>CHAPTER NAME</b>			
<b>ADDRESS</b>			
<b>TELEPHONE NO/s.</b>	<b>EMAIL ADDRESS</b>	<b>MOBILE NO.</b>	
<b>CHAPTER PRESIDENT</b>			

#### 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

<b>CHAPTER NAME</b>			
<b>ADDRESS</b>			
<b>TELEPHONE NO/s.</b>	<b>EMAIL ADDRESS</b>	<b>MOBILE NO.</b>	
<b>CHAPTER PRESIDENT</b>			

#### 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 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.

\_\_\_\_\_  
*Applicant's Signature and Date*

#### DON'T FILL-OUT THIS PORTION (FOR UAP NATIONAL ADMINISTRATION USE ONLY)

<b>Verification of Information/Data</b>	<b>Recommending Approval:</b>	<b>Approved by</b>	<b>Data Encoded by</b>
UAP National Admin – Membership Division	Executive Director, Internal Affairs	UAP Secretary General	UAP National Admin – Membership Division