

STATISTICS

10. Date of birth _____ . Place of birth _____ .

11. I attended high schools, private schools, colleges, universities, as follows:

Name of School/College/Univ.	Location	Years	Graduation	Degree Obtained
------------------------------	----------	-------	------------	-----------------

12. I list below, in chronological order, the periods of my employment by architects, the names and addresses of my principal employers, and my classification while employed by each:

Name of Employer	Location	From	To	Classification
------------------	----------	------	----	----------------

VOUCHMENT

I, the undersigned, do hereby certify that I have read the statements hereinabove made by the applicant and believe them to be correct. I vouch for his/her honorable character and believe he/she is fully qualified for Membership in the Institute of Bermuda Architects. I have known him/her for _____ years.

Dated this _____ day of _____ 20____.

Printed Name

Member of Institute of Bermuda Architects

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

1. Fill in every blank space, except under the items not applicable to your case, and sign your full name in ink.
2. Have an I.B.A. member sign the vouchment.
3. File your application with the Secretary of the Institute, together with the required application fee.