



STUDENT MEMBERSHIP APPLICATION FORM

Students who are normally resident in Bermuda or who possess Bermuda status and are enrolled at an accredited school of architecture are eligible to become Student Members of the Institute of Bermuda Architects.

TO EXECUTIVE COUNCIL

1. I, the undersigned, hereby apply for Student Membership in the Institute of Bermuda Architects.
2. My full name is _____.
Name of Applicant
3. I reside at _____, _____.
Address Telephone

Email address
4. I am a citizen of _____.
Name of Country
5. I have been employed by Architects (See Paragraph 13 of this application) for periods aggregating ____ years.
6. I have been a student at _____ in _____ for _____ years.
Name of School Location
7. I do not hold a certificate of registration as an Architect nor a license to practice architecture.
8. I declare that I will comply with the Bye-laws of the I.B.A. and that I understand the duties and obligations thereunder taken by me.
9. I enclose my cheque for \$_____, payable to the Institute of Bermuda Architects, being prepayment of the first annual dues required upon admission. I understand that this amount will be returned to me if I am not admitted to the Institute.
10. I certify that each and every statement made by me in this application is true and correct.

Dated this _____ day of _____ 20____.

Applicant's full signature in ink

STATISTICS

11. Date of birth _____. Place of birth _____.

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

Name of School/College/Univ.	Location	Years	Graduation	Degree Obtained
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13. 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
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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

*Signature of Dean or Chairman of School of Architecture
or 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.