



IBA

INSTITUTE OF BERMUDA ARCHITECTS

P.O. BOX HM2230 HAMILTON HMJX BERMUDA

ARCHITECT AND ASSOCIATE MEMBERSHIP APPLICATION FORM

Architects registered in Bermuda are eligible to become Architect Members of the Institute of Bermuda Architects.

Graduates of an accredited school of Architecture or who are employed in an associated field of interest within the architectural community, who are normally resident in Bermuda or who possess Bermuda status, are eligible to become Associate Members of the Institute of Bermuda Architects.

TO EXECUTIVE COUNCIL

1. I, the undersigned, hereby apply for _____ Membership in the Institute of Bermuda Architects.
Insert 'Architect' or 'Associate'

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 am currently registered to practice as an architect in the following jurisdictions or countries:
Jurisdiction / Country Date of Registration

6. I am a member of the following architectural institutes or societies:
Institute or Society Date of Admittance Type of Membership

7. I declare that I will comply with the Bye-Laws of the I.B.A., and that I understand the duties and obligations thereunder to be taken by me.

8. 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.

9. 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

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
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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
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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

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.