UNITED ARCHITECTS OF THE PHILIPPINES

THE INTEGRATED AND ACCREDITED PROFESSIONAL ORGANIZATION OF ARCHITECTS
3-TIME PRC's MOST OUTSTANDING ACCREDITED PROFESSIONAL ORGANIZATION AWARDEE
UAP CORPORATE CENTER, 53 SCOUT RALLOS ST., DILIMAN, QUEZON CITY 1103
TEL NOS. (632) 4126403 • 4126364 • 4123312 • 4126374 FAX NO. (632) 3721796
EMAIL: uapnational@gmail.com • Website: www.united-architects.org

UAP-IAPOA MEMBERSHIP REGISTRATION FORM

OFFICIAL IAPOA NUMBER
THIS BOX TO BE FILLED-UP BY AUTHORIZED UAP PERSONNEL ONLY

UAP NUMBER	OFFICIAL RECEIPT NO.	O.R. PAYMENT DATE

NOTE: THE LAST TWO (2) SERIES OF YOUR IAPOA NUMBER SHALL CHANGE EVERY YEAR WHEN YOU RENEW YOUR REGULAR IAPOA MEMBERSHIP WITH THE UAP AS PRESCRIBED IN ITS BY-LAWS.

TYPE OF APPLICATION: ☐ New Applicant ☐ Existing Member

A. PERSONAL INFORMATION

1. NAME (LAST NAME • FIRST NAME • MIDDLE NAME)

PHOTO (1.5" X 1.5")

2. BIRTHDATE (MONTH-DAY-YEAR)	3. BIRTHPLACE	4. SEX	5. CIVIL STATUS
		Male ☐ Female ☐	

6. CONTACT INFORMATION

HOME ADDRESS

TEL. NO/s.	FAX NO./s	MOBILE NO.	E-MAIL ADDRESS

COMPANY NAME	OFFICE ADDRESS

TEL. NO/s.	FAX NO./s	DESIGNATION	E-MAIL ADDRESS

7. SCHOOL GRADUATED	8. YEAR GRADUATED	9. POST-GRADUATE

B. PROFESSIONAL INFORMATION

10. PRC NUMBER	11. UAP NUMBER	12. UAP CHAPTER

☐ Personal Choice
☐ UAP Assigned

Note: Every Corporate Member shall be a member of only one UAP Chapter on the basis of his/her residence, place of work, place relevant to his practice or for other reasons.

13. TYPE OF PRACTICE

☐ ACADEME ☐ PRIVATE CORP.
☐ GOVERNMENT ☐ OTHERS
☐ PRIVATE PRACTICE _____

14. PRACTICE (FIELD OF SPECIALIZATION)

☐ PRE-DESIGN SERVICES ☐ SPECIALIZED ALLIED SERVICES ☐ POST-CONSTRUCTION SERVICES
☐ DESIGN SERVICES ☐ CONSTRUCTION SERVICES ☐ DESIGN-BUILD SERVICES
☐ OTHER SERVICES: _____

B.1 UPDATE YOUR INFORMATION (additional info for existing members only)

A. Positions previously held in UAP (national / chapter)

B. Membership Status

☐ Charter Member ☐ Senior Member
☐ Regular Member ☐ Fellow
☐ Member Emeritus ☐ Likha Awardee

C. Affiliations

• **COLLEGE OF FELLOWS**
Year Elevated to the College of Fellow : _____
Expertise: _____

• **APEC ARCHITECT**
Conferred on _____
APEC Architect Registration No. _____

CERTIFICATION

I hereby certify and declare under the penalties of perjury, that the above information is a true statement of my personal and professional information as of _____, as required by and in accordance with the UAP Bylaws and its Implementing Rules and Regulations.

Signature

FORM RECEIVED BY: