



4264 Central American Boulevard
Belize City, Belize
P.O. Box 2619
TEL: 501-223-5534
FAX: 501-223-2095
Email: belizearchitects@yahoo.com
www.architectsofbelize.com

APPLICATION FORM
To be registered as Architect according to the
PROFESSIONAL ARCHITECTS (REGISTRATION) ACT No. 15 of 2001

SECTION A

(Please print clearly)

Private and Confidential

Surname First Names

Date of Birth.....Place of Birth.....Country.....

Mailing Address.....

Home Address.....

Business Address.....

Telephone: Home.....Work.....Cell.....

Fax..... Email.....

SECTION B

I, the undersigned, agree that in the event of my admission to membership in the Association of Professional Architects of Belize, I will be governed by the

PROFESSIONAL ARCHITECTS (REGISTRATION) ACT, 2001

as they now are, or as they may hereafter be altered, and that I will advance the objectives of the association as far as shall be in my power, provided that, whenever I shall signify in writing to the Admission Committee that I am desirous of withdrawing from the Association, I shall, after the payment of any arrears which may be due by me at that period, be free from this obligation

.....

(Signature of Applicant) *(Date)*

SECTION C

(Your entries in this section should be clear)

Qualifications

No.	From	Dates: To	Duration Years	Academic Qualifications

Academic Institutions

(Attach certified documents or diplomas including contact addresses of relevant institutions.)

Name of Institution:

Contact Person:.....

Postal Address:.....

Telephone:.....Fax:.....Email.....

Name of Institution:

Contact Person:.....

Postal Address:.....

Telephone:.....Fax:.....Email.....

Name of Institution:

Contact Person:.....

Postal Address:.....

Telephone:.....Fax:.....Email.....

Name of Institution:

Contact Person:.....

Postal Address:.....

Telephone:.....Fax:.....Email.....

Name of Institution:

Contact Person:.....

Postal Address:.....

Telephone:.....Fax:.....Email.....

Name of Institution:

Contact Person:.....

Postal Address:.....

Telephone:.....Fax:.....Email.....

SECTION D

Membership in Professional Organizations

No.	Organizations	Address	Membership Grade

Other Remarks *(if any)*

I declare that all information given in this application is true and correct.

Signature of Applicant

Date

<i>For Office Use Only</i>	
APAB Registration Number Issued	
Name of Applicant	
Date Received	
Date Acknowledged	
Date Enquiry sent to Proposers	
Date Report received from Proposer 1	
Date Report received from Proposer 2	
Date application sent to Admission Committee	
Date application returned from Admission Committee	
Confirmed as	
By Admission Committee (<i>names</i>)	
Applicant Notified on (<i>date</i>)	
Registration Fee paid on (<i>date</i>)	
Certificate issued on (<i>date</i>)	
Seal issued on (<i>date</i>)	
REMARKS	
Application Certified By (<i>Name</i>): _____ Admission Committee Member's Signature: _____ Date: _____	