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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 |
|------------|-------------|----------------------|---------------------------|--------------------------------|
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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 |
|------------|----------------------|----------------|-------------------------|
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| | | | |
| | | | |

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: | _____ |