

**ARCHITECTS ASSOCIATION
OF TANZANIA**



TO: The Honorary Secretary
Architects Association of Tanzania
P.O.Box 8275
Dar es Salaam

PART I NAME & ADDRESS OF APPLICANT

Name in full _____ Surname _____
IN BLOCK LETTRES

Date of Birth _____ Nationality _____

Address for communications: P.O.Box _____

Tel: _____ Fax: _____ Email: _____

PART II CLASS OF MEMBERSHIP

I, the undersigned, am desirous of admission into the Association in the class of Corporate.
Graduate/ Student/ Technician (*)

1. PROPOSER

Name and Address _____
IN BLOCK LETRES _____

Signed _____ Class of Membership _____

Date This _____ day of _____ 20 _____

2. SECONDER

Name and Address _____
IN BLOCK LETRES _____

Signed _____ Class of Membership _____

Date This _____ day of _____ 20 _____

(*) Cross out words not applicable

PART III EDUCATION & QUALIFICATIONS

(Particulars to be filled in below, so far as they apply to the Applicant)

3.

From Month & year	To Month & year	GENERAL EDUCATION (State School, College or University)	Qualifications Attained (*)

4.

From Month & Year	To Month & year	ARCHITECTURAL EDUCATION (State School, College or University Course of Study taken)	Qualifications Attained (*)

5.

From Month & year	To Month & year	PRACTICAL TRAINING (PUPILAGE, APPRENTICESHIP OR OTHER PRACTICAL TRAINING) (State names of Architects or Firms and Town)	

6.

From Month & year	MEMBERSHIP OF PROFESSIONAL INSTITUTIONS, BOARDS OF REGISTRATIONS ETC. (Give details of membership, registration numbers etc)	Qualifications Attained (*)

(*) Applicants must submit documentary evidence of the qualification concerned with this application

PART IV EXPERIENCE AND PRESENT POSITION

PRESENT POSITION

7. (a) I am at present practicing as principal/partner/Associate (*)/ to

(b) I am at present employed in the capacity _____

Temporary, contract, permanent terms.

If under contract, state contract period _____

Years and expiry date of present contract _____

(c) I am at present studying for _____

(course of study) at _____

_____ (give full details of institution)

EXPERIENCE

8. After graduation/training course I was employed in the following establishments:

YEARS		EMPLOYERS NAME AND FULL ADDRESS	POSITION HELD
FROM	TO		

PART V APPLICANT'S DECLARATION

I hereby declare that the foregoing statements are true in every respect and that I have read and fully understood the constitution, and understand that if elected, I shall be bound thereby and by any amendments there to so long as my name remains in the Register of the Association

Date _____ Signature _____

(*) Cross out words not applicable

Corporate Member	10.A	Corporate Members shall be fully qualified Architects holding a recognized professional qualification, acceptable to the Council of the Association
Graduate Members	10.B	Graduate Members shall be persons who have passed a prescribed examination in the study of Architecture and attained graduate status and have fulfilled such conditions as the By Laws shall prescribe.
Student Members	10.C	Student Members shall be persons engaged in the study of Architecture in a course acceptable to the Council.
Building Members	10.D	Building Technician shall be persons who have passed a Technician examination approved by the Council for this purpose and have fulfilled such conditions as they Bye-Laws may prescribe
Honorary Members	10.E	Honorary Members shall be persons whom the council of the Association shall desire to honour by reasons of their eminence in art of architecture or on account of valuable services which they have rendered to the profession
Graduate Members	12	On every application for the membership the decision of the Council as to the eligibility shall be final. The Council reserves the right to give reasons for rejection of applications to the applicant.
Rejection	By-Law 5	<p>(a) In the case of candidate's application cannot be considered because the Council required Additional information or any investigation, the application may be held in suspense unit; such additional information is received.</p> <p>(b) In the case of candidate's election or nomination being rejected, such candidate may not re-apply within the next twelve months without special consent of the Council</p>

FOR OFFICIAL USE ONLY

Date application received _____

Comments by Honorary Secretary _____

Date discussed by Council _____

Approved/Not Approved: Signature(s) _____

Date Applicant notified _____ Membership Class _____

Receipt No. _____ Amount _____

Date Entered in Register _____ Registration No. _____