



# UNITED ARCHITECTS OF THE PHILIPPINES

THE INTEGRATED AND ACCREDITED PROFESSIONAL ORGANIZATION OF ARCHITECTS

12-TIME PRC's MOST OUTSTANDING ACCREDITED PROFESSIONAL ORGANIZATION AWARDEE

UAP CORPORATE CENTER, 53 SCOUT RALLOS ST., DILIMAN, QUEZON CITY

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## UAP MEMBERSHIP REGISTRATION FORM

THIS FORM MUST BE PROPERLY FILLED-UP AND ENDORSED BY THE CHAPTER BEFORE REGISTRATION CAN BE PROPERLY PROCESSED				<input type="checkbox"/> NEW MEMBER		<input type="checkbox"/> EXISTING MEMBER		<b>CURRENT PHOTO</b> (1.5" X 1.5"; white background)		
<b>A. PERSONAL INFORMATION</b>										
FAMILY NAME		FIRST NAME		MIDDLE NAME						
BIRTHDATE (MM/DD/YYYY)		BIRTHPLACE		SEX		CIVIL STATUS				
HOME / PERMANENT ADDRESS				TEL NO/s.		FAX NO/s.				
FACEBOOK ID		TWITTER ID		PRC No.		UAP No.				MOBILE NO/s.
NAME OF COMPANY AND ITS OFFICIAL ADDRESS				TEL NO/s.		FAX NO/s.				EMAIL ADDRESS
				DESIGNATION						
SCHOOL GRADUATED (For Your BS Architecture Diploma)				YEAR GRADUATED		HONORS				
POST GRADUATE		SCHOOL GRADUATED or Currently Enrolled In		YEAR GRADUATED		HONORS				
SPECIAL COURSE / TRAINING				SCHOOL / INSTITUTE / ETC.		YEAR COMPLETED				
AWARDS, RECOGNITIONS, HONORS RECEIVED										
<b>B. PROFESSIONAL INFORMATION</b>										
PROFESSION		PRC REGISTRATION NO.		DATE ISSUED		VALID UNTIL				
01	Registered and Licensed Architect									
02										
03										
SPECIFIC TYPE OF EXPERTISE		YEARS OF PRACTICE		TYPE OF ARCHITECTURAL PRACTICE		ARCH'L SERVICES RENDERED:				
01				ACADEME		PRE-DESIGN	DESIGN			
02				GOVERNMENT		SPECIALIZED ALLIED	CONSTRUCTION			
03				PRIVATE PRACTICE		POST CONSTRUCTION	DESIGN-BUILD			
04				PRIVATE CORPORATION		CONSULTING	OTHERS			
CPE/CPD SEMINARS/MODULES ATTENDED FROM PREVIOUS FISCAL YEAR (Seminars given by the UAP as CPE Provider for Architecture Profession)				DATE GIVEN		TOTAL CPE UNITS EARNED		PARTICIPATION (as Speaker/Participant)		
01										
02										
03										
04										
<b>C. MEMBERSHIP STATUS</b>										
UAP CHAPTER AFFILIATIONS				YEARS OF RESIDENCY		LATEST POSITIONS HELD (as regular member or officers)				
CURRENT CHAPTER										
PREVIOUS CHAPTER										
POSITIONS HELD IN THE NATIONAL BOARD, NATIONAL OR SPECIAL COMMITTEES						INCLUSIVE DATES				
01										
02										
03										
UAP COLLEGE OF FELLOWS, YEAR ELEVATED				EXPERTISE						
CERTIFICATION						Signature and Date				
I hereby certify and declare under the penalties of perjury, that all the information herein is a true statement of my personal and professional information as of this date, as required by and in accordance with the UAP By-Laws and its Implementing Rules and Regulations.										

