



Saint Lucia Institute of Architects

Membership Application Form

PLEASE NOTE:

Before completing this form, please refer to SLIA's Constitution on our Website. (www.slia-sl.com).

For your form to be processed you will need to submit it with a detailed curriculum vitae, proof of qualifications attained including the units/modules passed within the course(s), and the appropriate payment. Failure to do so will result in a delay in processing your application.

Please complete the form in capital letters in black ink.

Prior to submitting the form, please refer to the checklist on the back page to ensure that you have included all the required info.

APPLICANT'S DATA

Surname: Mr/Ms/ _____

Christian Name(s): _____

Home address: _____
_____ Post code _____

Present telephone: _____ Private email: _____

Mobile telephone: _____ Work email: _____

Date of Birth: ____/____/____

Employer: _____

Practice address: _____

Practice WWW Address: _____

Office telephone: _____ Office fax: _____

Job title: _____

Please tick the appropriate box.

I am self-employed (sole practitioner/partner/director)

I am employed on a free-lance basis

I am an employee

I am temporarily unemployed

I am retired

I am a student

APPLICANT'S QUALIFICATIONS

Course details

Name of university/College: _____

Course title: _____

Course completion date: ____/____/____

Name of university/College: _____

Course title: _____

Course completion date: ____/____/____

Name of university/College: _____

Course title: _____

Course completion date: ____/____/____

Name of university/College: _____

Course title: _____

Course completion date: ____/____/____

REFEREE

I am willing to act as referee in support of this applicant as I consider him/her to be suitable for election to membership. The information on this form is, to the best of my knowledge and belief, correct. I am not related to the applicant.

Signature of referee: _____ Date: ____/____/____

Name of referee: _____

Job title of referee: _____

Professional qualification(s) of referee: _____

Address of referee: _____

_____ Post code: _____

CHECKLIST FOR APPLICANTS

I have done the following:

- | | |
|---|--|
| <input type="checkbox"/> Completed all the appropriate sections of the application form | <input type="checkbox"/> signed the declaration |
| <input type="checkbox"/> Nominated a referee | <input type="checkbox"/> enclosed my curriculum vitae (references alone are insufficient) |
| <input type="checkbox"/> Enclosed the appropriate fee(s) | <input type="checkbox"/> enclosed proof of any qualification(s) obtained including the units/
modules passed within the course(s) |

Fees enclosed: \$ _____ Application fee
\$ _____ Subscriptions
\$ _____ Total

APPLICANT'S DECLARATION

I hereby submit this form and additional documentation as accurate records in support of my application for election to membership of the Saint Lucia Institute of Architects (SLIA). I fully understand the requirements for membership as set out in the booklet "Becoming a Member", the SLIA Code of Professional Conduct, and the list of current membership fees, including any subsequent amendments. I agree to accept the decision of the Institute regarding my eligibility for election. If elected to membership, I will abide by the rules and regulations specified in the Memorandum and Articles of Association*, the Institute's Code of Conduct, and any other directive issued by SLIA. I will keep SLIA informed of any change in my circumstances that may affect my membership.

*Available from SLIA Secretariat on request

Signature of applicant: _____ Date: ____/____/____

Please tick the appropriate box.

I do not wish my membership details to be disclosed to outside persons for SLIA purposes and in the interests of its members.

I do not wish to receive details about products and services that SLIA believes to be of interest to me.

Please return this form to:

The Chairperson, Membership Committee
Saint Lucia Institute of Architects
P. O. Box CP 5330
Conway Business Centre
Castries Waterfront, St. Lucia

For any queries please contact the membership dept.

Email: slia.slu@gmail.com

Web: www.SLIA-SL.com

FOR OFFICIAL USE ONLY

- FULL MEMBER
- ASSOCIATE MEMBER- LEVEL 1
- ASSOCIATE MEMBER- LEVEL 2
- ASSOCIATE MEMBER- LEVEL 3
- STUDENT MEMBER
- VISITING MEMBER
- HONORARY MEMBER
- CORPORATE MEMBERSHIP

Official Signature and Stamp