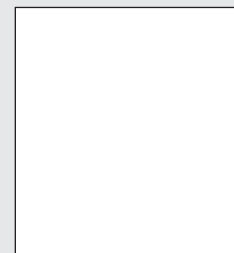


# MEMBERSHIP APPLICATION FORM



RWANDA INSTITUTE OF ARCHITECTS  
 Ecobank Building, 9<sup>th</sup> Floor  
 Tel: +250 788 300 804, +250 788 305 191, +250 788 505 353  
 Email: architectsofrwanda@gmail.com



PLEASE AFFIX PHOTO HERE

## 1. CHAPTER

- ARCHITECTS
- QUANTITY SURVEYORS
- URBAN PLANNERS
- LAND-SURVEYORS

## 2. MEMBERSHIP CLASS

- GRADUATES
- CORPORATE
- COMPANY
- VISITING

## 3. APPLICANT DETAILS—INDIVIDUAL MEMBERSHIP

SURNAME: \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

GENDER: \_\_\_\_\_

P.O. BOX \_\_\_\_\_ CITY \_\_\_\_\_ CODE \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

NATIONAL ID / PASSPORT NO: \_\_\_\_\_

DATE OF ARRIVAL IN RWANDA (IF FOREIGN) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

## 4. EDUCATION BACKGROUND AND PROFESSIONAL QUALIFICATIONS

QUALIFICATION OBTAINED	ACADEMIC INSTITUTION	DATE COMPLETED

### APPROVED FEE AND SUBSCRIPTION

Graduates: entrance: 50,000Rwf  
 Annual Subscription: 50,000Rwf  
 Corporate: entrance: 300,000Rwf,  
 Annual subscription: 300,000Rwf  
 Company: Entrance: 500,000Rwf ,  
 Annual Subscription: 500,000Rwf  
 Visiting: 500,000Rwf,  
 1,000-2,000USD / project registration.



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## 5. DETAILS OF PRACTICAL PROFESSIONAL EXPERIENCE

(If space provided is insufficient, please attach a typed statement)

## 6. PROFESSIONAL REGISTRATION / FOREIGN

Are you registered by a legally recognised professional registration board in Kenya?  Yes  No

If yes, please state which \_\_\_\_\_

Registration Number \_\_\_\_\_ date of registration \_\_\_\_\_

Are you a member of any other Professional Association? \_\_\_\_\_

If yes, please state name of association: \_\_\_\_\_

## 7. APPLICANT DECLARATION

I declare that I agree to abide by the Constitution and By-Laws of the Rwanda Institute of architects and to be bound by the Principles and Code of Conduct contained therein.

I confirm that to the best of my knowledge, the information I have given above is correct.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

## 8. TO BE COMPLETED BY APPLICANT'S SPONSORS

We being sponsors of \_\_\_\_\_ recommend him/her for membership of the Rwanda Institute of architects and do confirm that to the best of our knowledge, the professional detail entered above are correct.

1. First Sponsor's  
Full Name: \_\_\_\_\_  
RIA Membership No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Signed: \_\_\_\_\_ Date \_\_\_\_\_

2. Second Sponsor's  
Full Name: \_\_\_\_\_  
RIA Membership No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Signed: \_\_\_\_\_ Date \_\_\_\_\_

NOTE:  
Part 8 is to be completed by two sponsors who must be Fellow / Corporate members of the Chapter (s) the applicant is seeking to join and who must be professional acquainted with the applicant. The sponsor is advised to read the declaration before signing his / her proposition.

### INDIVIDUAL APPLICANT CHECKLIST:

- Duly Completed Form
- Certified Copies of Academic Certificates
- Resident
- Non resident
- Copy of National ID / Passport
- Passport Size Photograph of Applicant
- Entrance Fee
- Annual Subscription

# FIRM MEMBERSHIP APPLICATION



## 9. APPLICANT DETAILS

SURNAME: \_\_\_\_\_  
OTHER NAMES: \_\_\_\_\_  
P.O. BOX \_\_\_\_\_ CITY \_\_\_\_\_ CODE \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ MOBILE \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
NATIONALITY: \_\_\_\_\_  
NATIONAL ID / PASSPORT NO: \_\_\_\_\_  
DATE OF ARRIVAL IN RWANDA (IF FOREIGN) \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

## 10. FIRM DETAILS

NAME OF FIRM: \_\_\_\_\_  
P.O. BOX \_\_\_\_\_ CITY \_\_\_\_\_ CODE \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ MOBILE \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Is the firm registered with the Country Law Office? Y / N

Registration Number: \_\_\_\_\_ Registration Date: \_\_\_\_\_

TYPE OF FIRM:  Sole Proprietorship  Partnership  
 Limited Liability Company

Is the firm registered with the relevant professional registration board in Rwanda? Y / N

Registration Number: \_\_\_\_\_ Registration Date: \_\_\_\_\_

## 11. OWNERSHIP INFORMATION

NAME OF PARTNERS / DIRECTORS	REGISTRATION NO. (REGISTRATION BOARD)	RIA MEMBERSHIP NO.

## 12. APPLICANT DECLARATION

I declare that I agree to abide by the Constitution and By-Laws of the Rwanda Institute of architects and to be bound by the Principles and Code of Conduct contained therein. I confirm that to the best of my knowledge, the information I have given above is correct.

NAME: \_\_\_\_\_ POSITION \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### FIRM APPLICANT CHECKLIST:

- Duly Completed Form
- Certified Copies of Firm Registration /Incorporation Certificate
- Certified Copies of Board Registration Certificate
- Entrance Fee
- Annual Subscription



## FOR OFFICIAL USE ONLY

13. HON. TREASURER

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AMOUNT PAID : \_\_\_\_\_ RECEIPT NO. : \_\_\_\_\_

PAID BY: \_\_\_\_\_  Cheque  Bank

Payment Details: \_\_\_\_\_

Confirmed by Hon. Treasurer:

Name \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

14. CHAPTER APPROVAL:

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APPLICATION REVIEWED:  APPROVED  NOT APPROVED

REMARKS: \_\_\_\_\_

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15. CONFIRMED BY CHAPTER CHAIRPERSON:

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NAME \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

16. RIA BOARD OF REGISTRATION

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APPLICATION REVIEWED:  APPROVED  NOT APPROVED

REMARKS: \_\_\_\_\_

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MEMBERSHIP NO. \_\_\_\_\_

17. RIA HON. REGISTRAR:

---

NAME \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

18. CONFIRMED BY CHAIRPERSON OF BOARD OF REGISTRATION.

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NAME \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

REMARKS: \_\_\_\_\_

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