

**NOTE: *The information on this application will be evaluated by the Membership Committee.***

**NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

\_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**ARCHITECTURE EDUCATION:**

List all Degrees/Diplomas/Certifications including date of award and college/university attended.

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**PROFESSIONAL QUALIFICATIONS:**

Name, address and length of time you have worked with any Architectural Firm.

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Name and address of any Architectural Organization that you are a member.

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Type of Membership:  Corporate  Non-Corporate  Associate  Associate (Allied Profession)  Student  Honorary

**How long have you practiced Architecture in the Bahamas? \_\_\_\_\_ years.**

**I, \_\_\_\_\_, desire to be a member of the Institute of Bahamian Architects and declare that I am willing to be bound by the Constitution, By-Laws and Code of Professional Practice of the Institute.**

*All applicants are required to submit two (2) Letters of Recommendation from Corporate Members of IBA.*

For additional information call: (242) 326-3114