

Zambia Institute of Architects

(CONSTITUTED UNDER CAP. 442 of 1995, LAWS OF ZAMBIA)



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ZAMBIA INSTITUTE OF ARCHITECTS

(constituted under chapter 442 of the Laws of Zambia)

APPLICATION FOR STUDENT MEMBERSHIP

(Fill in where applicable)

Surname.....Other names.....
Nationality:.....Place of birth:.....
Postal address:.....
Residential address:.....
Employers name and address:.....
.....
Tel.....Fax.....Email.....

Academic Qualifications

	INSTITUTION	PERIOD	QUALIFICATION

Professional Qualifications and Affiliations :(attach copies for proof)

	PROFESSIONAL BODY	CLASSIFICATION

Work experience :(Attach curriculum vitae)

	INSTITUTION/FIRM	PERIOD	TYPE OF WORK

I.....truly confirm and declare that the information I have given above is correct.

Date..... Sign.....

For ZIA Council internal use only

Comments.....
.....
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Date.....Name.....Sign

Please send this form to the Honorary Secretary Zambia Institute of Architects.

Member of:
Commonwealth Association of Architects
International Union of Architects
SADCC Union of Architects