



THE INDIAN INSTITUTE OF ARCHITECTS

Prospect Chambers Annexe, Dr. D.N. Road, Fort, Mumbai - 400 001, T. 22046972, F 22832516, Email: iia@vsnl.com

APPLICATION FOR ASSOCIATE MEMBERSHIP OF IIA

FORM - I

The Jt. Hon. Secretary
The Indian Institute of Architects
5th, Floor, Prospect Chambers Annexe
Dr. D.N. Road, **Fort**
MUMBAI - 400 001.

OFFICE INWARD STAMP

Dear Sir,

I,.....wish to submit my name for election as Associate Member of The Indian Institute of Architects (IIA). I also undertake that I will be governed and bound by the Constitution, bye-laws, the professional code of conduct of the Institute, and will submit myself to every part thereof and to any alterations which may thereafter be made until I cease to be a member, and that by every lawful means in my power, I will advance the interest and objects of IIA.

I enclose herewith a sum of :-

Rs. 1,125/-(**Rs. 625/-** being the entrance fee and **Rs. 500/-** being the current year's subscription)

OR

Rs. 8,625/- (Rs. 625/- being the entrance fee, Rs. 500 being the current year's subscription and Rs.7500/- being the One Time Deposit) and I will not be required to pay annual subscription till further revision by IIA.

I enclose a Cheque D.D.No.....dated.....

Drawn on.....Bank, in favour of **"The Indian Institute of Architects" payable at Mumbai.** In case I am not elected this money will be returned to me after deducting Rs. 300/- as administrative charges.

For outstation Cheques add Rs. 50/-. Cash will be accepted only at IIA Office in Mumbai, against receipt

Name	Surname	First Name	Middle Name
in block letters as per qualifying examination certificate	Mr. Mrs. Miss.

Sequence in which you would like your name to be recorded.....

For change of name attach *attested copy of Marriage Certificate or other relevant document.

Date of Birth	Tel. O.....R.....M.....
D.....M.....Y.....	Fax :.....email.....

Address
.....
..... PIN.....

Eligibility Qualification <input type="checkbox"/> B. Arch <input type="checkbox"/> Or equivalent Attach *attested copy of certificate	Affiliating University and its address
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Institute & its address from which applicant passed the examination			
Year of joining Institution	Duration of the course	Year of passing qualifying examination	
Other qualifications if any, with name & address to Institution / University and year of passing :- (Attach additional sheets if required)			
Council of Architecture Registration number CA/.....Please attach*attested copy of upto date certificate			
Title, Address of Practice, Office Department/Institution in which the applicant works			Position held
Were you a member of IIA earlier, if so mention membership number and reasons for termination. For Reinstatement kindly apply in FORM - 6			

List of enclosures 1.
2.
3.
4.

Applicant's Signature
Dt..... Place.....

This application should be endorsed by **three Members of IIA** at least one of whom must be a **Fellow Member**.
*Copies of certificates may be attested by the Fellow Member who is endorsing this application or a gazetted officer

We are acquainted with Mr./Mrs./Miss.....and from our personal knowledge of him/her, we propose him/her for election as an **Associate Member of IIA**.

1. Ar. A Sign

2. Ar. A Sign

3. Ar. A Sign

FOR OFFICE USE ONLY

Qualification of the applicant <input type="checkbox"/> B. Arch <input type="checkbox"/> Or equivalent qualification	Whether the institution/college from which the applicant passed the qualifying examination is on approved list of IIA. <input type="checkbox"/> Yes <input type="checkbox"/> No	COA Certificate enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Payment details, Amount Rs. <input type="checkbox"/> Cheque <input type="checkbox"/> D.D. <input type="checkbox"/> Cash Receipt No. Dated.	All documents, enclosures as mentioned in the form are in order <input type="checkbox"/> Yes <input type="checkbox"/> No	Total no. of enclosures Jt. Hon. Secy.
<input type="checkbox"/> Rejected by council <input type="checkbox"/> Clarification asked for and to be put up at COM on.....	<input type="checkbox"/> Approved by council on..... <input type="checkbox"/> Jt. Hon. Secy.	Membership no.allotted