



UNITED ARCHITECTS OF THE PHILIPPINES

THE INTEGRATED AND ACCREDITED PROFESSIONAL ORGANIZATION OF ARCHITECTS

3-TIME PRC's MOST OUTSTANDING ACCREDITED PROFESSIONAL ORGANIZATION AWARDEE

UAP CORPORATE CENTER, 53 SCOUT RALLOS ST., DILIMAN, QUEZON CITY

TEL. NOS. (632) 4126403 • 4126364 • 4123312 • 4126374 • FAX NO. (632) 3721796

EMAIL: uapnational@yahoo.com • WEBSITE: www.united-architects.org

UAP-IAPOA MEMBERSHIP TRANSFER FORM

THIS FORM MUST BE PROPERLY FILLED-UP AND ENDORSED BY THE FORMER CHAPTER BEFORE REGISTRATION CAN BE PROPERLY PROCESSED. THE UAP-IAPOA MEMBERSHIP REGISTRATION FORM MUST BE ATTACHED WITH THIS FORM.

A. PERSONAL INFORMATION

FAMILY NAME		FIRST NAME		MIDDLE NAME		CURRENT PHOTO (1.5" X 1.5"; white background)	
BIRTHDATE (MM/DD/YYYY)		BIRTHPLACE		SEX	CIVIL STATUS		
HOME / PERMANENT ADDRESS				TEL NO/s.	FAX NO/s.		
FACEBOOK ID		TWITTER ID		SKYPE ID	WEBSITE		MOBILE NO/s.
NAME OF COMPANY AND ITS OFFICIAL ADDRESS				TEL NO/s.	FAX NO/s.		EMAIL ADDRESS
				DESIGNATION			

B. TRANSFER INFORMATION

1. REASON FOR TRANSFERRING CHAPTER AFFILIATION			2. TYPE OF TRANSFER	
Change of Residency	Change of Workplace		PERMANENT TRANSFER	
Others (please specify)			TEMPORARY TRANSFER (under Fostering Chapter Policy)	

3. TRANSFER CHAPTER AFFILIATION EFFECTIVE (MM/DD/YYYY)

NEW CHAPTER

CHAPTER NAME			
ADDRESS			
TELEPHONE NO/s.	EMAIL ADDRESS		
CHAPTER PRESIDENT	MOBILE NO.		

AUTHORIZATION TO TRANSFER

By the power vested upon me by the UAP By-laws as Chapter President and upon the evaluation of the applicant's Membership Status with the Chapter, I hereby accept the transfer of of Arch. _____ to our Chapter subject to our Internal Rules and Regulations.

Signature Over Printed Name of Chapter President Date

PREVIOUS CHAPTER

CHAPTER NAME			
ADDRESS			
TELEPHONE NO/s.	EMAIL ADDRESS		
CHAPTER PRESIDENT	MOBILE NO.		

AUTHORIZATION TO TRANSFER

By the power vested upon me as Chapter President and upon the evaluation of the applicant's Membership Status with the Chapter, I hereby authorize the transfer of Arch. _____ from our Chapter to _____.

Signature Over Printed Name of Chapter President Date

CERTIFICATE OF DISAPPROVAL

I hereby disapprove the application of Arch. _____ to transfer from our Chapter to _____ for the reason of _____

Signature Over Printed Name of Chapter President Date

APPLICANT'S CERTIFICATION. I hereby certify and declare under the penalties of perjury, that all the information herein is a true statement of my personal and professional information as of this date, as required by and in accordance with the UAP By-Laws and its Implementing Rules and Regulations.

Applicant's Signature and Date

DON'T FILL-OUT THIS PORTION (FOR UAP NATIONAL ADMINISTRATION USE ONLY)

Verification of Information/Data	Recommending Approval:	Approved by	Data Encoded by

UAP National Admin – Membership Division

Executive Director, Internal Affairs

UAP Secretary General

UAP National Admin – Membership Division