

No. 3 Abdul Diouf Road, Ridge-Accra
P. O. Box 272, Ministries, Accra, Ghana
GPS: GA=053-6181

Email: admin@gia.com.gh
Website: www.gia.com.gh
Phone: +233 303-966-841
Mobile/WhatsApp: +233 241-921-557



Passport size with
your name
endorsed behind
here

MEMBERSHIP APPLICATION FORM - (GIA FORM A1)

MR/MRS/OTHER:

DATE:

Personal Details

First Name	Middle Name	Last Name
Phone Number	Email Address	Postal Address / GPS

DETAILS OF CURRENT WORKPLACE:

NAME OF FIRM:

LOCATIONAL ADDRESS OF FIRM:

POSTAL ADDRESS OF FIRM / GPS:

TELEPHONE OF FIRM:

EMAIL ADDRESS OF FIRM:

SUPERVISING ARCHITECT AT FIRM:

No	Type	Number	Date of Issue	Date of Expiry
1				
2				
3				
4				
5				

CONSTITUTIONAL AND BYE-LAWS PLEDGE

I, the undersigned, am desirous of admission to the GHANA INSTITUTE OF ARCHITECTS and having read the Constitution and Bye-Laws of the said institute and, finding that in conformity with these am eligible as a/an Fellow/Associate/Student, I do hereby undertake if elected, to be bound thereby and by Resolution of the said institute and any Rules and Regulations made under the authority of the said Bye-Laws.

There is a given overleaf particulars of my professional education, qualification and works and I hereby declare that the above statement made by me this day of20..... is a true account of my professional education and works.

.....
CANDIDATE SIGNATURE

.....
DATE

NOMINATION

We the undersigned, believing above Candidate to be duly qualified, do, from our personal knowledge of him/her propose and recommend him/her to the institute for membership

SUPERVISOR ARCHITECT AT THE FIRM

HEAD OF DEPARTMEN / FIRM

Name:

Name:

Signature:

Signature:

Date:

Date:

N.B – BLOCK LETTERS ONLY AND ENSURE THE FORM IS STAMPED