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

FOUNDED 1962

Passport size with your name endorsed behind here

STUDENT MEMBERSHIP FORM - (GIA FORM A2)

ASSIGNED STUDENT MEMBERSHIP NO.: …… DATE: ……..

First Name | Middle Name | Last Name

Date of Birth (dd/mm/yyyy) | Mobile Number | Email Address

Physical Address/GPS | Nationality | Institution Enrolled

Institution Address | Current Stage/level | Date of Enrollment

Expected Year of Graduation

Applicant Signature

EDUCATIONAL INSTITUTION ENDORSEMENT

I hereby certify that the applicant is registered in the educational institution above named and is receiving training in Architecture.

N.B – Applicant must attach valid I.D.
For Non-Ghanaians a passport is required.

Head/Dean/Provost of Educational Institution

Name: ……

Signature: ……

Date: ……