Registration No. CNR1/1994/004



MEMBERSHIP APPLICATION FORM (for Individuals)

Please print and use Black i	naelibie ink in tilling out this a	ppiication	
Title (Dr/ Mrs / Mr / Other):			
Surname:			
Other Names:			
Postal Address:			
Residential Address:			
Date of Birth:		Nationality:	
ID / Passport No:		Gender:	
Name and Address of			
employer:			
51			
4/			MO .
Position:		Date of First	
		Employment:	17
Work Tel. No:		Fax No:	TO .
Mobile No:			1
Email Address:			
Unless otherwise requested Addresses.	d · correspondence from AA	B will be sent to F	Postal
(2)			
Type of Membership Appli	ed for: - (please tick relevan	it box - see anne.	xure)
Full Member (Architect)			
Associate Member (Cand	idate Architect)	0	
Architectural Technologist	Member		
Architectural Draftsperson	Member		
Candidate Architectural T	echnologist		
Candidate Architectural D	Oraftsperson		
Student Member			

MEMBERSHIP APPLICATION FORM

MEMBERSHIP APPLICATION FORM (for Individuals continued)

University I College attended (please provide dates):
Title of Course attended:
Academic Qualifications (degrees or diplomas - please provide dates):
COCLATION
Professional Qualifications: (Membership of Institute / Registration - provide dates):
Practical Experience:
Previous Employers:
Name / Address / Dates:
What Periods Have You Worked Professionally in Botswana (State Dates):
The Committee may, if necessary, seek further information to determine the admissibility of the practical experience stated.
YES NO
Are you a shareholder or director or a partner in a practice operating as a limited liability, partnership, sole proprietorship or closed close corporation or other?

MEMBERSHIP APPLICATION FORM

ME	MBERSHIP APPLICATION	FORM (for Individuals continued)	
This	s Application is Proposed by:			
•••		• • • • • • • • • • • • • • • • • • • •	••••••	•••••
Sigi	ned;Date:		AAB Membership No	•••••
This	s Application is Seconded by:			
•••		• • • • • • • • • • •		•••••
Sigi	ned;Date:	CIA	AAB Membership No	
I de of E	CLARATION: I clare that I have read the Consti Botswana. I undertake to be bo ed by the Association in accorda	und by it	and by any Regulations	
	losed are:	F:	Cartified Proof of Identify	
A: B: C: D:	Associate – Letter from Employer Candidate Technologist – Letter from Employer Candidate Draftsperson – Letter from Employer Proof of Residence in Botswana (Utility Bill or other proof	G: H:	Certified Proof of Identity Certified copies of Qualifications Students – Details of Course Proof of ARC or similar Registration	
	ned:icant		Date:	
Swc	orn Before Me at:	C	n	
	mmissioner of Oaths			

MEMBERSHIP APPLICATION FORM

FOR OFFICIAL USE:		
Date Received	 Remittance Date	
Sub-Com Decision	 Reg. No:	
ExCo Ratification	 Date of Registration:	
Applicant Informed		
Remarks:	 	

NOTES ON APPLICATION FOR MEMBERSHIP: - (Rev 2018)

- 1. Please complete the Application Form in full.
- 2. Ordinarily, proposer and seconder should be full members of the Association.
- 3. Remittance must accompany the Application Form:
- 4. Cheques should be made payable to A.A.B.
- 5. Proof of payment to be submitted in cases where payment are made through electronic funds transfers.

Category of Membership	Joining Fee	Annual	Total
		Subscription	
Full Member	P200	P500	P700
Associate Member	P200	P400	P600
Architectural Technologist	P100	P300	P500
Architectural Draftsperson	P100	P300	P400
Student Member	P30	P70	P100
Candidate Architectural	P100	P200	P300
Technologist			
Candidate Architectural	P50	P70	P120
Draftsperson			

- 6. Certified copies of your Degree(s)/Diploma(s)/Institute(s) Membership must be attached with this application.
- 7. Qualifications not printed in either English or Setswana must be accompanied by a certified translation. A copy of a statement (preferably from the Ministry of Education or the Architects Registration body in the country of obtaining such qualification) setting out the rights derived from such a qualification and whether its holder qualifies for registration, would be advantageous.
- 8. Applicants for full Membership should:
 - be in possession of a professional degree in architecture, following full time study of a minimum of 5 Years

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- be registered with the Architects Registration Council of Botswana or similar registration bodies.
- 9. Applicants for Associate Membership should:
 - be in possession of a professional degree in architecture, following full time study of a minimum of 5 Years
 - be eligible with Architects Registration Council after the prescribed period. An Associate Member may apply for full membership upon his / her registration with the Architects' Registration Council of similar recognized regulatory body.
- 10. Applicants for Architectural Technologist Membership should:
 - be in possession of a degree or diploma in architecture, architectural or construction technology following full time study of a minimum of 3 (Three) Years
 - be registered with Architects Registration Council.
- 11. Applicants for Architectural Draftsperson Membership should:
 - be in possession of a certificate in architectural or building technology and draftsmanship following full time study of a minimum of 2 (Two) Years
 - be registered with Architects Registration Council.
- 12. Applications for "Associate", candidate "technologists" and candidate" draftspersons" membership should enclose a letter from their employer confirming that they are in full time or part time employment.
- 13. Applications for student .membership should enclose details on the course they are studying: start date, likely completion date, the name of the course and the name the institute/university.