

ARCHITECTS ASSOCIATION OF BOTSWANA



MEMBERSHIP APPLICATION FORM *(for Individuals)*

Please print and use Black Indelible Ink in filling out this application

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:			
Position:		Date of First Employment	
Work Tel. No.		Fax No	
Mobile No:		Email Address	

Unless otherwise requested · correspondence from AAB will be sent to Postal Address

Type of Membership Applied for: - *(please tick relevant box - see annexure)*

Full Member	Under Clause 7b(i)	<input type="checkbox"/>
Full Member	Under Clause 7b(ii)	<input type="checkbox"/>
Associate Member	Under Clause 7c	<input type="checkbox"/>
Architectural Technologist Member	Under Clause 7d	<input type="checkbox"/>
Architectural Draftsperson Member	Under Clause 7e	<input type="checkbox"/>
Student Member	Under Clause 7f	<input type="checkbox"/>
Candidate Architectural Technologist	Under Clause 7g	<input type="checkbox"/>
Candidate Architectural Draftsperson	Under Clause 7h	<input type="checkbox"/>

MEMBERSHIP APPLICATION FORM *(for Individuals continued)*

University / College attended *(please provide dates)*:

.....
.....

Title of Course attended:

.....
.....

Academic Qualifications *(degrees or diplomas - please provide dates)*:

.....
.....
.....

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.

ARCHITECTS ASSOCIATION OF BOTSWANA

MEMBERSHIP APPLICATION FORM – REV AUG 2018

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?

YES

NO

MEMBERSHIP APPLICATION FORM (for Individuals continued)

This Application is Proposed by:

.....

Signed:Date:AAB membership No:.....

This Application is Seconded by:

.....

Signed:Date:AAB membership No.....

DECLARATION:

I declare that I have read the Constitution of the Architect's Association of Botswana. I undertake to be bound by it and by any Regulations issued by the Association in accordance with the said Constitution.

Enclosed are:

A: Remittance

B: Associate – Letter from Employer

C: Candidate Technologist – Letter from Employer

D: Candidate Draftsperson – Letter from Employer

E: Certified Proof of Identity

F: Certified copies of Qualifications

G: Students – Details of Course

H: Proof of ARC or similar Registration

Signed:Date:.....
Applicant

Sworn Before Me at:..... on.....

Commissioner of Oaths.....
Signature and Stamp

ARCHITECTS ASSOCIATION OF BOTSWANA

MEMBERSHIP APPLICATION FORM – REV AUG 2018

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 Aug 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 Subscription	Total
Full Member	P200	P500	P700
Associate Member	P200	P400	P600
Architectural Technologist	P200	P300	P500
Architectural Draftsperson	P100	P300	P400
Student Architect Member	P30	P70	P100
Candidate Architectural Technologist	P100	P200	P300
Candidate Architectural Draftsperson	P50	P70	P120

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.

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MEMBERSHIP APPLICATION FORM – REV AUG 2018

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
 - 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.