

ST. KITTS – NEVIS INSTITUTE OF ARCHITECTS

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APPLICATION FOR MEMBERSHIP

IDENTIFICATION INFORMATION:

Surname: _____ *(Please print in bold letters)*
 Full Name: _____ Date of Birth: ___/___/___
 Maiden Name: _____ Sex: Male Female
 Country of Birth: _____ Social Security No.: _____
 Country of Citizenship: _____ Citizen Certificate No.: _____

CONTACT INFORMATION:

Residential Address

Address Line 1: _____
 Address Line 2: _____
 City: _____ State: _____ Country: _____ Zip Code: _____
 Tele: _____ Cell: _____ E-mail: _____

Mailing Address *(check if same as above)*

Address Line 1: _____
 Address Line 2: _____
 City: _____ State: _____ Country: _____ Zip Code: _____
 Tele: _____ Cell: _____ E-mail: _____

Business Address *(check if same as above)*

Name of Firm/Employer: _____
 Title: _____ Department: _____
 Address: _____
 City: _____ State: _____ Country: _____ Zip Code: _____
 Tele: _____ ext: _____ E-mail: _____
 Type of Firm: _____ Length of Employment: _____
 Specialization: _____
 Other Information: _____

For Official Use Only:

Date Received: ___/___/___ *(dd/mm/yy)* Application No.: _____
 Received By: _____ Signature: _____

EDUCATION:

1. **College/University:** _____
Address: _____
Tele: _____ E-mail: _____
Program: _____ Graduation Date: ___/___/___ (dd/mm/yy)
Degree Conferred: _____
2. **College/University:** _____
Address: _____
Tele: _____ E-mail: _____
Program: _____ Graduation Date: ___/___/___ (dd/mm/yy)
Degree Conferred: _____
3. **College/University:** _____
Address: _____
Tele: _____ E-mail: _____
Program: _____ Graduation Date: ___/___/___ (dd/mm/yy)
Degree Conferred: _____
4. **College/University:** _____
Address: _____
Tele: _____ E-mail: _____
Program: _____ Graduation Date: ___/___/___ (dd/mm/yy)
Degree Conferred: _____
5. **Other:** _____

