

APPLICATION FOR MEMBERSHIP

THE INSTITUTE OF URBAN DESIGNERS

Registration No: GA 00223144

I, the undersigned wish to apply for membership of The Institute of Urban Designers, a company limited by guarantee and hereby agree to be bound by the Articles of Association of the said company.

Name					
Name in Full					
National ID Number		Address 2 (Home)			
Permanent Address					
Designation		Address 1 (Office)			
Company/ Organization					
Telephone	Land :	Mobile :			
E-mail		Web :			
Social Media		Students provide following information:			
Other professional Institutes and their Membership No	1.	Course name:			
	2.	University:			
	3.	Year of completion:			
Academic Qualifications (Degree/Post Graduate/ Masters/Ph.D)	1.				
	2.				
	3.				
Professional Qualifications and Experience in Urban Design	1.	For Office Use only			
	2.			Application Received	
	3.			Processed date	
Signature			Payments Made		
			Fellow Member		
			Corporate Member		
			Associate Member		
Date			Graduate Member		
			Student Member		
			Certified by		

(Please attach certified copies of Academic, previous work experience and Professional certificates)