U.P. ARCHITECTS ASSOCIATION®

Regd. Under the Societies (Uttar Pradesh Amendment 1975) Act 1860 Since 1987.

Paste your Colour Photograph here.

LIFE MEMBERSHIP FORM

Note: Please fill the form legibly & attach with requisite self-attested copy of following documents

1. Name as in Certificate or Record 2. Qualification Degree and year. 3.Registration with Council of Architecture.
4.Payment for life Membership with Details. 5. Recommendation by two Life Members of any Chapter of UPAA.

Send the duly filled form to General Secretary, UPAA(at Present Ar. Akshat Garg, M/S Aakriti D Dream Designers, 144, Prakash Enclave, Kanth Rd, Moradabad, Uttar Pradesh 244001) **E-mail ID :** generalsecretary@uparchitects.org, **WhatsApp:** +91 9458648077

Name _____

Date of Birth _____ **Sex** M ☐ F☐

Qualification _____ **Year** _____

Specialization (if Any) _____ **Year** _____

COA Registration No. _____

Address for Correspondence _____

_____

_____

_____

_____ **Pin Code** _____

E-mail ID (Preference) **1.** _____

E-mail ID **2.** _____

Mobile No. (WhatsApp) _____ **Mobile No.** (Other): _____

Landline No. _____ **Std Code:** _____

Details of Payment Amount: Rs. 5000/- (Rs. Five Thousand Only) Mode of Payment: Cheque/DD/NEFT

Details: _____ Date: _____

Bank & Branch: _____

For NEFT:

Name of the Account : U.P. ARCHITECTS ASSOCIATION

Name of the Bank : Punjab National Bank A/C No. :1639002100043782

Name of the Branch : E. K. Road, Meerut IFS Code: PUNB0253400

OR

Name of the Branch : Sanjay Complex, Agra IFS Code: PUNB0163900

UTR No.: _____ (As given by the bank)

Member of any UPAA Constituent Chapter (If any) _____ *(Chapter Name)*

Date: _____ **Signature of the Applicant:** _____

RECOMMENDATION

I Recommend **Ar.** _____ For Chapter _____

For Life Membership of U. P. Architects Association as per rules & regulations of UPAA.

Signature of Recommending Architect (1)
Name: _____
UPAA Membership No. _____

Signature of Recommending Architect (2)
Name: _____
UPAA Membership No. _____

FOR OFFICE USE ONLY

VERIFICATION OF THE PAYMENT

Issue of payments receipt no. _____ Date of Issue. _____

At present Treasurer**: Ar. S. K. Gautam**
Contact No. +91 9717303330

Signature of Treasurer

Recommended for Life Membership as per rules & regulations of U. P. Architects Association.

Membership No. Allotted _____

Signature of President of UPAA
At present Ar. Ankit Agarwal

Signature of General Secretary of UPAA
At present Ar. Akshat Garg