

QATARI UNION OF ARCHITECTS

APPLICATION FOR QUA MEMBERSHIP



Qatari Union of Architects

Partnership Form (Permanent)

Architect Consultant



Name _____
(as you wish it to appear on your certificate - please print)

Company Name

Address	Home	Practice
City/Town	_____	_____
Postcode	_____	_____
Telephone	_____	_____
Mobile	_____	_____
Email	_____	_____
Website	_____	_____

I would like all postal correspondence to be sent to:
Home address Practice address

I would like all email correspondence sent to:
Home/Personal email Practice email

Date of Birth _____ Male/Female _____

I, the above named, being desirous of admission to **Qatari Union of Architects**, do hereby apply for a place as a Member. If accepted, I hereby undertake to be bound by the Constitution and Byelaws of the Council and by its Resolution. I also undertake to abide by the Rules and Regulations of the Board within whose territory my office is situated. Particulars of my education and professional career are attached.

Signature _____ Date _____

All Membership subscriptions (excluding the VAT rate) are charged on a pro-rate basis

The amount is written in three different currencies (Us Dollar, British Pounds and Euro)			
			US Dollars
Application and Registration Fee			5,700
Refundable fee if rejected			5,650

I will send the sum of: Payment Amount \$

Payment Date: __/__/__ Signature:

2. AFFIDAVIT

If any answer to any of the following questions is "yes," please attach a detailed explanatory statement.

1. Have you or any agent of your firm practiced, or solicited architectural work or represented yourself as an architect in the State prior to having been licensed? Yes No
2. Have you been disciplined by any occupational licensing board? Yes No
3. Are you currently under investigation by any occupational licensing boards? Yes No
4. Has your registration been denied, suspended or revoked in any jurisdiction? Yes No
5. Have you surrendered or allowed a registration to lapse in any jurisdiction due to any action Yes No
6. Have you signed any legal document that settles a dispute or charges against you brought by a Registration Board or a Court of Law? Yes No
7. Have you been found by a court or Registration Board to have violated the architectural registration laws or the professional/occupational laws of any jurisdiction? Yes No
8. Have you entered into a negotiated settlement with regard to professional or occupational registration laws?
 Yes No
9. Are there any felony/criminal charges now pending against you? Yes No

The applicant agrees as follows: ·

* I acknowledge that making a false statement to the above questions may subject me to disciplinary action including, but not limited to, immediate revocation or suspension of my registration.

* The undersigned, being duly sworn, upon oath deposes and says that he/she is the person making the forgoing statements and that they are made in good faith and are true in every respect.

Signature of Director/Partner

Name of Director/Partner

Date

Method of Payment: Please Note that your payment should be made through Bank Transfer to the location of your Verification officer. Also note verification Officer varies by Country. We are working on making our e-payment channel open to all regions of the world before the end of 2024.

Applicant’s Declaration:

I,....., the above applicant for registration with the Qatari Union of Architects , do hereby make application for registration and by virtue of the particulars contained in this application sincerely declare that the particulars shown in this application, both in this and the preceding pages, and also in any other documents provided with this application are true and correct in every particular.

Applicant’s Signature: Date:

On completion of this application, please forward it together with the documentation required, and your fees slip	Please send to: Email: registrar@qatariunionarch.org
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FEES FOR REGISTRATION -

Application Fee + Registration Fee \$5,700

Refundable fee of \$5,650 if rejected

This form will be submitted with the above Fee of \$5,700 Registration fees will only be refunded to unsuccessful applicants/Project.

Payable only by the Applicant and the refundable to the Applicant

I will send with this a sum of:

Payment Amount \$ Payment Date: __ __ / __ __ Signature:

Checklist –

1. Scanned copy of Architectural certificate of qualification in language of origin (To be translated by the international verification officer)
2. Company profile
3. Curriculum Vitae (CV)
4. Payment slip of fee(s) made
5. International passport or any form of identification

CANDIDATE STATEMENT

Every candidate for applying as a Member of the Council is required to supply the Council with the information requested below.

QUALIFICATIONS AND COMPETENCIES

Academic Architectural Qualifications

Degree/Diploma	Institution	State/Country	Date conferred

1 a. Date of commencement of professional education

DATES

DESCRIPTION

b. Particulars of professional education

c. Degrees and/or Diplomas

2 a. Particulars of career since qualifying

b. Details of present post

3 a. Indicate types of buildings with which you have had experience since commencing in practice

4 a. Date passed Part III (For Qatar nationals)

6 a. Your Countries Membership Number if applicable, if you are presently a member.

7 a. Date of registration and membership number

I declare that the preceding statement made by me this _____ day of _____ 20____
is a true account of my professional education and career

Signature _____

Completed application should be submitted to: Membership
Board of QUA
Doha, State of Qatar
E-mail Us registrar@qatariunionarch.org

OFFICE USE ONLY

Verification letters received from _____

Vetted by _____

Date _____

- Verified during **QUA** admission dated _____
- Verified during Professional Assessment Year _____
- Verified during Professional Induction Workshop _____

Procedure

By

Date

Procedure	By		Date
Application Received	Registrar	Y/N	_____
Original Documents Examined	Registrar	Y/N	_____
Candidate Interviewed	Registration Committee	Y/N	_____
Recommended for Entry	Registration Committee	Y/N	_____
Endorsed for Entry	Architects Registration Board	Y/N	_____
Candidate Notified	Registrar	Y/N	_____

Registrar's signature

All registration processes have been completed and the license issued on _____.
No. of license _____

Registrar's signature and date

Admitted: Yes No

NOTIFICATION

- + Please be informed that the Certificate will be issued within 8 working days of your provision of all requirements on checklist.
- + Registration fees will only be refunded to unsuccessful applicants.
- + Payable only by the Applicant and the refundable to the Applicant

Please be informed that the Certificate will be issued within 8-21 working Days depending on your Choice of verification officer Location and your provision of the above checklist.