



KwaZulu-Natal Institute for Architecture
 (Incorporating the Natal Institute of Architects)
 and
South African Institute of Architects



PRACTICE INFORMATION / CHANGE OF ADDRESS

NEW PRACTICE DETAILS	CHANGE IN PRACTICE DETAILS AND/OR ADDRESS	CHANGE OF ADDRESS ONLY
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New Practice Name:		
Existing Practice Name (if updating details):		
Name (Please print):		
Telephone No.:	Fax No.:	Cellphone No.:
Physical Address:		Postal Code
Postal Address:		Postal Code

OFFICE USE ONLY

Date Enrolled SAIA	
Date Registered SACAP	

PRINCIPALS OF YOUR PRACTICE (INCLUDING YOURSELF)

Account No. (Office Use Only)	Surname (if insufficient space – use reverse of form)	Initials	SAIA Member √

EMPLOYEES IN YOUR PRACTICE

Account No. (Office Use Only)	Surname (if insufficient space – use reverse of form)	Initials	SAIA Member √

Fields of Expertise (Please select five in no particular order)

1. _____
2. _____
3. _____
4. _____
5. _____

Signature of Principal / Member:	Date:
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