



APPLICATION FOR MEMBERSHIP

Class of membership applied for: (Applicant to indicate)

National/Ordinary:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Candidate Architect:	<input type="checkbox"/>		<input type="checkbox"/>

Title: _____	With Effect Date: _____
Surname: _____	Gender: _____ (M/F)
First Name/s: _____	Race: _____ (Black/White)
Date of Birth: _____ (yyyy/mm/dd)	Nationality: _____
ID No: _____	Language: _____
Residential Address: _____	Postal Address: _____
_____	_____
_____	_____
Country: _____	Postal Code: _____
Tel No (w): () _____	Tel No (h): () _____
Fax No: _____	Cell No: _____
E-mail: _____	Social Media: _____ twitter/facebook/linkin, etc
I wish to receive communication via:	Permission granted for Marketing purposes:
SMS <input type="checkbox"/>	Yes <input type="checkbox"/>
Postage <input type="checkbox"/>	No <input type="checkbox"/>
E-mail <input type="checkbox"/>	
None <input type="checkbox"/>	

Employer Information: (Name of Employer's Practice/Own Practice/ Institution) _____	Principal <input type="checkbox"/>
Practice No: (If available) P _____	Employee <input type="checkbox"/>
Physical Address of Practice: _____	
Corporate membership note: Your membership of a SAIA regional institute and of SAIA may hold constitutional implications if you are a principal in the practice (business entity) with concomitant implications relating to membership fees – please refer to clauses 7.2, 7.5 and the definition of corporate member in the SAIA Constitution for more information.	
Architectural Practices (business of a registered person conducted within the architectural profession as a sole proprietorship, partnership, company, close corporation or the juristic person) are recorded by SACAP in terms of the Code of the Professional Conduct Rules made in terms of section 27(1) of the Act (Refer: Board Notice 28 of 2004).	

Professional and technical examinations passed:
Note: A certified copy of each certificate must be attached.

Qualifications	Educational Institution	Date of Final Examination

Please complete overleaf

Professional/Practical training and experience (Summary of Architectural Work)

Dates	Employer	Position

Please supply the names of two references in connection with your architectural work, experience and capabilities.

Name	Address	Tel No

Professional associations (local and foreign)
Indicate architectural institutions of which you are a member, date of admission and membership number

Architectural Association	Date Of Admission	Membership/Registration Number

Sectional Titles Worked: _____ Date registered: _____ Reg No: _____

I certify that to the best of my knowledge all the information contained herein is true and correct and I agree to abide by the SAIA and region Code of Ethics.

Signature

Date

OFFICE USE ONLY

Account No:	
SACAP No:	
Date Registered:	(yyyy/mm/dd)

REGION	
Application and Documentation Received:	yyyy/mm/dd
Letter of Notification to applicant if qualify/not	yyyy/mm/dd
Application form and letter of confirmation to SAIA:	yyyy/mm/dd
Subs Received:	yyy/mm/dd

SA INSTITUTE OF ARCHITECTS	
Application Received:	yyyy/mm/dd
Letter of Notification that qualified:	yyyy/mm/dd
Subs Received:	yyyy/mm/dd
SAIA No:	
Date enrolled:	yyyy/mm/dd

Authorised Signature (Region)

Authorised Signature (SAIA)