

## 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: _____<br>_____<br>_____ | Postal Address: _____<br>_____<br>_____          |
| 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:<br>(Name of Employer's Practice/Own Practice/<br>Institution) _____  | Principal <input type="checkbox"/> |
| Practice No:<br>(If available) P _____   | Employee <input type="checkbox"/>  |
| Physical Address of Practice: _____  |                                    |
| <b>Corporate membership note:</b><br>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. |                                    |
| <b>Architectural Practices</b> (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)<br>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:                                       | yyyy/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)