



Incorporating The South African Institute of Architects

APPLICATION FOR MEMBERSHIP

Class of membership applied for: (Applicant to indicate)

Architect Member: Other: With Effect Date: _____
 Candidate
 Member:

Title: _____ Gender: _____
 Surname: _____ Race: _____
 First Name/s: _____ Nationality: _____
 Date of Birth: _____ yyyy/mm/dd Language: _____
 ID No: _____ Country: _____
 Residential Address: _____ Postal Address: _____

Postal Code: _____ Postal Code: _____
 Tel (w): _____ Tel (h): _____
 Fax: _____ Cell No: _____
 Email: _____ Social Media: _____ Twitter/facebook/linkin/etc.

I wish to receive communication via: SMS Email Permission granted for marketing purposes: Yes
 Postage None No

Employer Information: (Name of Employer's Practice/Own Practice/Institution/Other) _____	Principal: <input type="checkbox"/> Employee: <input type="checkbox"/>
Practice No: P _____	
Physical Address of Practice: _____ _____	
SAIA Practice note: Your membership of SAIA and of a Region of SAIA may hold constitutional implications if you are a principal in a practice (business entity) with concomitant implications relating to membership fees and levies – please refer to clauses 6.5.3 and 9.1 and the definition of a SAIA Practice 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).	

Please complete overleaf

Professional and technical examinations passed:

Note: A certified copy of each certificate must be attached.

Qualifications	Educational Institution	Date of Final Examination

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

Date/s	Employer	Position

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

Name	Address	Contact 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

I certify 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 Reg 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

SAIA

Application Received:	yyyy/mm/dd
Subs Received:	
SAIA Enrolment No:	yyyy/mm/dd
Enrolment Date:	yyyy/mm/dd

.....
Authorised Signature (Region)

.....
Authorised Signature (SAIA)