



SAIA FREE STATE

Free State Region of the
South African Institute of Architects



APPLICATION FOR MEMBERSHIP

Class of membership applied for: (Applicant to indicate)

Architect Member: Candidate Member:
 Associated Member: Other:

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: SMS E-mail
 Postage None

Permission granted for marketing purposes: Yes
 No

Employer Information: _____ Principal
 (Name of Employer's Practice/Own Practice/Institution) Employee
 Practice No: _____
 (If available and as listed with SACAP) P _____
 Physical Address of Practice: _____

SAIA Practice note:
 Your membership of a region of SAIA 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 6.5.3, 9.1 and the definition of a SAIA Practice in the SAIA Constitution of 2015 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 SAIA and SAIA Free State's Code of Ethics.

.....
Signature

.....
Date

OFFICE USE ONLY

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

SAIA FREE STATE	
Application and Documentation Received:	 <i>yyyy/mm/dd</i>
Letter of Notification to applicant if qualify/not	 <i>yyyy/mm/dd</i>
Application form and letter of confirmation to SAIA:	 <i>yyyy/mm/dd</i>
Subs Received:	 <i>yyy/mm/dd</i>

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

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Authorised Signature (SAIA FREE STATE)

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Authorised Signature (SAIA)