



SAIA KWAZULU-NATAL

### APPLICATION FOR MEMBERSHIP

Class of membership	Please Tick
Professional Architect	
Youth (PrArch under 35)	
Academic	
Affiliate	
Candidate	

### PERSONAL DETAILS:

Title					
First Name					
Last Name					
ID Number					
Date of birth (yyyy/mm/dd)					
Gender					
Race					
Nationality					
Language (s)					
Physical address					
Postal Address					
Country					
Email Address <i>*You will be added to our mailing list to ensure that you receive all important communication</i>					
Telephone Number					
Cell number					
Permission to add you to the SAIA KZN WhatsApp Group	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Yes	No		
Yes	No				
<i>*Kindly update SAIA KZN should there be any changes to your personal/contact information.</i>					

**PRACTICE DETAILS:** (please complete if applicable & if you wish to add your practice to the SAIA KZN membership directory to help connect you with potential clients )

Name of practice		
Practice number		
Location		
Contact number for practice		
Email Address for practice		
Permission to add your practice details to the membership directory	<b>YES</b>	<b>NO</b>

**ATTACHMENTS:** (Please attach the following documents-please tick to confirm)

Certified copy of ID	
Certified copy of latest qualification	
Copy of latest SACAP registration certificate	

**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.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

<b>SAIA KZN</b>	
SAIA KZN membership number	
SACAP number	
Date of enrolment	
Documentation received	
Fees Paid	
Welcome letter/ letter of regret issued	
Application submitted to SAIA	

**Authorised signatory (SAIA KZN)**

**Authorised signatory (SAIA)**

\_\_\_\_\_

\_\_\_\_\_