



SAIA KWAZULU-NATAL

# AFFILIATE MEMBERSHIP APPLICATION FORM

I hereby make application for enrolment as an Affiliate Member in accordance with the Constitution of the SAIA-KZN Institute for Architecture. I agree to abide by the SAIA-KZN Conditions of Affiliate Membership attached to this Application form and abide by the Conduct set out therein.

	Date of Birth	Year	Month	Day
Surname	First Names in Full	Identity No.:		
Telephone No.: (w)	Telephone No.: (h)	Cellphone No.:		
Fax No.:	E-mail Address:			
Postal Address:				
				Postal Code
Residential Address				
				Postal Code
Professional and technical examinations passed (if any) and please attach copies of certificates. Registration with SACAP is a necessity unless otherwise decided by the Regional Committee				
Qualifications obtained	Educational Institution	Date of Final Examination		
<b>South African Council for the Architectural Profession</b>	<b>Registration No.:</b>	<b>Date Registered:</b>		
Own Practice Name >>>>>>>>>>>>>>>>>>>>>>>>>				
Name of Employer >>>>>>>>>>>>>>>>>>>>>>>>>				
<b>FOR OFFICE USE ONLY</b>				
KZ-NIA Membership No.:	Date Enrolled:			

160 Bulwer Road, Glenwood  
DURBAN, 4001.

Tel: +27 31 201 7590  
accounts@kznia.org.za  
[www.kznia.org.za](http://www.kznia.org.za)