

STUDENT MEMBERSHIP APPLICATION FORM

I hereby make application for enrolment as Student Member in accordance with the Constitution of the SAIA - KwaZulu-Natal Institute for Architecture for the year commencing to 01.07.2023 to 30.06.2024.

		Date of birth:	Ye	ar:	Month:	Dау:
Surname:	Identity Number:	Other names in t	full:		<u>II</u>	<u>. </u>
		Student No.				
Year of Study:						
Residential address:				Tel:		
				Cell:		
				Emai	l:	
Postal address:				Posta	al Code:	
FOR OFFICE USE (ONLY					
Date enrolled:		Renewal date:				

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