



**THE CAPE INSTITUTE FOR ARCHITECTURE**

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**DIE KAAPSE INSTITUUT VIR ARGITEKTUUR**

HOUTSTRAAT 71 KAAPSTAD 8001 POSBUS 3952 KAAPSTAD 8000  
TEL: +27 21 424 7128 WEBSITE: www.cifa.org.za

**Incorporating the South African Institute of Architects**



**APPLICATION FOR MEMBERSHIP 2010/2011**

*(Financial year 1 July – 30 June)*

**PLEASE REMEMBER THAT YOUR MEMBERSHIP WITH THE CIA IS WORTH 1 CPD CREDIT**

*(Tick applicable box)*

<b>New Member</b>		<b>Updated Info</b>	
<b>Pr.Arch (Full)</b>		<b>C.Arch (AIT)</b>	
R1991.00 (subs) + R150.00 (enrolment)		R892.50 (subs) + R75.00 (enrolment)	
SA Council for the Architectural Profession annual fees are collected directly by SACAP			

Date: \_\_\_\_\_ With effect from: \_\_\_\_\_

Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Surname: \_\_\_\_\_ Nickname: \_\_\_\_\_

First Name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Identity Number: \_\_\_\_\_

Language: \_\_\_\_\_ Nationality: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel No. (w): \_\_\_\_\_ Tel No. (h): \_\_\_\_\_

Fax No: \_\_\_\_\_ Cellular No: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Employer Information: \_\_\_\_\_  
(Practice Name)

Practice Address: \_\_\_\_\_

Have you ever been convicted of an offence involving an element of fraud or had your membership of another professional or voluntary organization suspended or terminated for disciplinary reasons?

(Tick applicable answer. If "yes", please provide further details on a separate sheet) YES  NO

**DECLARATION**

I, the undersigned, hereby apply for admission as a member of the Cape Institute for Architecture and declare that the information supplied herewith is true in every respect. I furthermore confirm that I will abide by the Constitution, By-laws and Code of Ethics of both the Cape Institute for Architecture and the South African Institute of Architects and consider myself bound by these codes of architectural practice.

Signature:.....

*Please note:* Membership will only be confirmed upon receipt of enrolment fee plus full subscription payment

**BANKING DETAILS:** STANDARD BANK CAPE TOWN BRANCH CODE 020009 ACCOUNT NUMBER 070413428

**Please complete overleaf**



**The South African Institute of Architects**

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 Fax: +27 11 782 8771  
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Bouhof (Ground Floor)  
 31 Robin Hood Road  
 Robindale  
 RANDBURG

Private Bag X10063  
 RANDBURG  
 2125



**Please note that the following information is required by SAIA.**

Professional and technical examinations passed:

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

Date of final examination	Qualifications	Educational institution

Professional/Practical training and experience  
 (Summary of architectural work)

Date	Employer	Position

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

Tel No.	Name	Address

Professional associations (local and foreign)

Indicate architectural institutions of which you are a member, date of admission and membership number

Date of admission	Membership Number	Architectural Association

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 the Code of Ethics of SAIA.**

Signature

Date

OFFICE USE ONLY

SACAP Number	
Date Registered	(yyyy/mm/dd)
SAIA Number	
Date Enrolled	(yyyy/mm/dd)

**Corporate membership note:**

*You membership of a SAIA regional institute and of SAIA may hold constitutional implications if you are a principal in practice (business entity) with concomitant implications relating to membership fees – please refer to clause 7.2, 7.5 and the definition of corporate member in the SAIA Constitution for more information.*

REGION

Application and Documents Received	(yyyy/mm/dd)
Notification to applicant if Qualify/not qualify	(yyyy/mm/dd)
Application and letter of confirmation to SAIA	(yyyy/mm/dd)
Subs Received	(yyyy/mm/dd)
Signature	

SA INSTITUTE OF ARCHITECTS

Application Received	(yyyy/mm/dd)
Notification that Qualified	(yyyy/mm/dd)
Subs Received	(yyyy/mm/dd)
Date enrolled	(yyyy/mm/dd)
Signature	

