



**THE CAPE INSTITUTE FOR ARCHITECTURE**

71 HOUT STREET CAPE TOWN 8001 PO BOX 3952 CAPE TOWN 8000  
EMAIL: info@cifa.org.za FAX:+27 21 424 3620

**DIE KAAPSE INSTITUUT VIR ARGITEKTUUR**

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

**APPLICATION FOR MEMBERSHIP 2010/2011**

*(Tick applicable box)*

<b>New Member</b>	<input type="checkbox"/>	<b>Updated Info</b>	<input type="checkbox"/>
<b>Pr.S.Arch.T</b>	<input type="checkbox"/>	<b>Pr.Arch.T</b>	<input type="checkbox"/>
<b>Pr.Arch.D</b>	<input type="checkbox"/>	<b>C.S.Arch.T</b>	<input type="checkbox"/>
<b>C.Arch.T</b>	<input type="checkbox"/>	<b>C.Arch.D</b>	<input type="checkbox"/>

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

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

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

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

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: \_\_\_\_\_

SACAP number \_\_\_\_\_ Date registered \_\_\_\_\_

Qualifications: \_\_\_\_\_

\_\_\_\_\_

Employer Information: \_\_\_\_\_

(Practice Name) \_\_\_\_\_

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

\_\_\_\_\_

Membership of other Professional/voluntary organisations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Please attach copies of degree or other qualification certificates**

***Please complete overleaf***



**PLEASE TICK APPLICABLE BOX**

	<b>MEMBERSHIP CATEGORY</b>	<b>ENROLMENT FEE</b>	<b>*ANNUAL SUBSCRIPTION</b>
	Professional Senior Architectural Technologist ( <b>Pr.S.Arch.T</b> )	150.00	1018.50
	Professional Architectural Technologist ( <b>Pr.Arch.T</b> )	150.00	1018.50
	Professional Architectural Draughtsperson ( <b>Pr.Arch.D</b> )	150.00	1018.50
	Candidate Senior Architectural Technologist ( <b>C.S.Arch.T</b> )	75.00	840.00
	Candidate Architectural Technologist ( <b>C.Arch.T</b> )	75.00	840.00
	Candidate Architectural Draughtsperson ( <b>C.Arch.D</b> )	75.00	840.00

*\*Annual Subscription for period 1 July 2010 – 30 June 2011*

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

**OFFICE USE ONLY**

SACAP Number:		Date Registered:	
CIA Number:		Date Enrolled:	

**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.

SIGNED at.....this.....day of.....in the year 20.....

Signature:.....





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**PRACTICE INFORMATION**

New Practice  Updated Info  (Tick applicable box) Date: \_\_\_\_\_

Practice Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
URL Address: http:// \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Date Registered (SACAP): \_\_\_\_\_ Tel No: \_\_\_\_\_  
VAT Registration Number: \_\_\_\_\_ Fax No: \_\_\_\_\_

Principals:

Account Number	Surname	Initials	SAIAT Member

Employees:

Account Number	Surname	Initials	SAIAT Member

Expertise:

(Please select only five)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

