



THE SOUTH AFRICAN INSTITUTE OF ARCHITECTURAL TECHNOLOGISTS NPC

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A SACAP RECOGNISED
VOLUNTARY ASSOCIATION

FOUNDING MEMBER: UATOSA
CIPC Reg N^o: 2016/274655/08
VAT Reg N^o: 4940275813

MEMBERSHIP APPLICATION FORM

Valid as from 06 April 2016

Type of application

If *Re-application* or *Upgrade*, please provide previous membership number

Personal Information:

Surname

Maiden Name (if applicable)

Full Names

Title

Gender

Ethnic Group (required for statistical purposes)

Identity Number

Date of Birth (mm/dd/yyyy)

Do you have any form of disability?

PI Insurance - SAIAT Scheme

Contact Details:

Residential Address

Postal Address

E-mail address

Work Telephone Number

Home Telephone Number

Fax Number

Cell Number

If Self-Employed, please complete this section

Name of Practice

Type of Practice

Practice VAT N° (if applicable)

Year established /joined

Total number of years in practice

Province in which located

If Employed, please complete this section

Name of Practice

Type of Practice

Year employed

Total number of years employed

Province in which located

Qualifications and Registrations

Please attach certified copies of all qualifications documents to this application

Highest Qualification obtained

Educational Institution

Year qualification obtained

Professional Registration and Memberships

Please attach copies of all registration documents to this application

SACAP Registration

SACAP Registration N° (if applicable)

Any other professional registration

If yes, state statutory body

If yes, state registration number

Member of any other Voluntary Association

If yes, state Voluntary Association

If yes, state membership number

Declaration

By clicking (or marking) next to the item, the applicant states that he/she did/will do so as required:

I hereby certify that the information supplied on this application form is true and correct YES

I undertake to uphold the SAIAT Constitution and Regulations YES

I undertake to advance the objectives of SAIAT and to uphold its dignity YES

I agree to return my Membership certificate should I cease to be a member YES

I accept that the Application Fee is non-returnable YES

I acknowledge that the pro-rata membership fee will be payable on notification of a successful application and that my membership only will become active after such payment YES

I acknowledge that my membership will be suspended and later terminated on non-payment of any fees as per the Constitution and Regulations of SAIAT YES

Additional for Local Authority Membership applications

I undertake to inform SAIAT if there is a change in my employee status YES

I declare that I do not engage in any architectural work apart from that as required by my employer YES

I accept and understand that the moment I do any private work, I no longer qualify for Local Authority Employee membership and that I will be liable for full payment of membership fees as per the other categories of membership.

YES

Attachments

Please ensure that the following is submitted concurrently with your application to:

Membership Applications
SAIAT
P O Box 807
BEDFORDVIEW
2008

via Fax: 086 656 6609
or e-mail: info@saiat.org.za

SAIAT reserves the right to ask for the original documents to be forwarded via post if required.

Application form completed in full and signed YES

Proof of Payment for application fee (R228.00) attached YES

Copy of ID / Passport YES

Copy of SACAP registration certificate YES

If not registered with SACAP

Copy of Qualification Document YES

or

Letter of recommendation from SAIAT Full Member YES

SAIAT Banking details

Bank: First national Bank
Branch: Bedford Gardens
Branch Code: 252 155
Account Name: SAIAT
Account Number: 62001361419

Please use as reference: NEW [surname]

Date (mm/dd/yyyy)

Signature