KWA-ZULU NATAL INSTITUTE FOR ARCHITECTURE

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AFFILIATE MEMBERSHIP APPLICATION FORM

I hereby make application for enrolment as an Affiliate Member in accordance with the Constitution of the KwaZulu-Natal Institute for Architecture. I agree to abide by the KZ-NIA 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
South African Council for the Architectural Profession	**Registration No.:**	**Date Registered:**
Own Practice Name >>>>>>>>>>>>>>>		
Name of Employer >>>>>>>>>>>>>>>>		
FOR OFFICE USE ONLY		
KZ-NIA Membership No.:	Date Enrolled:	