



South African Institute of Building Design

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Personal Details			
Title			
Surname			
Full Name(s)			
ID number			
Date of Birth			
Nationality			
Contact Details			
Phone Number (<i>Office</i>)		Phone Number (<i>Home</i>):	
Cell Number			
Email Address			
Residential Address			
Postal Address			
Postal code			
Employer Details			
Are you self employed	Yes / No		
Name of Employer/Own Practice			
No. of years employed			
No. of years in Practice (<i>if self employed</i>)			
Province in which located			
Qualifications:			
<u>Qualification 1</u>			
Highest Qualification obtained			
Year qualification obtained			
<u>Qualification 2</u>			
Highest Qualification obtained			
Year qualification obtained			
Other			
<u>SACAP</u>			
Are you currently a SACAP member			
SACAP reg. no.			
Copy of SACAP registration certificate			

Voluntary Associations

Are you currently a member of any other recognised VA:

If yes, please give name of VA:

Disclosure Statement

I hereby undertake and declare that I acknowledge and abide by the following:

- Uphold the Constitution of SAIBD
- Accept that the application fee is non-refundable
- Understand that my membership will be terminated for non-payment of fees
- To ensure high standards of professional competence and integrity at all times

I declare that to the best of my knowledge the information I have supplied in this form is true and correct .

Full Name: _____ Date _____

Signature: _____

APPLICATION CRITERIA:

Open to all members involved in the field of Architecture.

Application fee: R250 (non-refundable)

Annual fee: R900 (as of 01/09/16)

SUPPLY THE FOLLOWING:

Submit two projects for scrutiny

Copy of SACAP registration certificate (if applicable)

BANK DETAILS:

Bank : Standard Bank
Acc. Name : SAIBD
Acc. no. : 051 406500
Branch code : 04282605, Durban North