



NEW ZEALAND INSTITUTE OF QUANTITY SURVEYORS (INC)

APPLICATION FOR ADMISSION AS A STUDENT MEMBER

NAME: Mr, Mrs, Miss or Ms _____
Please circle one Known As First Name/s Family name

ADDRESS _____
_____ POST CODE _____

DAYTIME TELEPHONE NO _____ MOBILE _____

EMAIL _____ FAX _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

If not born in New Zealand state date of arrival and period of residence in New Zealand. _____

EDUCATION RECORD

Highest Qualification gained at end of secondary school _____

Quantity Surveying subjects passed or currently being undertaken:

At which tertiary institution? _____

Are you a full time student equivalent? Yes No

Note for overseas applicants. The NZIQS Council require copies of qualifications received from overseas applicants to be certified/signed as true copies by an independent person.

GENERAL UNDERTAKING and CONSENT FOR DISCLOSURE

I (print full name) _____
declare that the information I have given in this application is correct and complete.

I undertake that I will, if admitted to membership of the Institute, be governed by the Constitution, Rules and by-laws of the Institute as they are now and as they may be amended or altered while I am a member.

I consent to disclosure of relevant information entered in this application to: the New Zealand Institute of Quantity Surveyors, its Committees, Branch Boards and to other members when relevant; and to Organisations or persons that request contact details for the purpose of serving the interests of NZIQS and its members and subject to Council policy and approval of the Executive Director.

I promise to promote the objects of the Institute as best I can.

I will at all times faithfully, impartially and to the best of my knowledge and ability, carry out the work referred to me in my capacity as a Quantity Surveyor.

Signature of Applicant _____ Date _____

Applicant Witness _____ Occupation _____

Witness Contact (Fax/Ph Number, e-mail address or Physical _____

_____ Date _____

Applications should be forwarded to: The Executive Director, NZIQS, PO Box 10469, The Terrace, Wellington, 6143, or Fax: 04 473 2918, or to office@nzigs.co.nz.

FOR OFFICE USE ONLY

Decision of Membership Committee

Date _____ Chairman _____