NZIQS NEW MEMBERSHIP APPLICATION FORM



Welcome and thank you for choosing to be a member of NZIQS.

This membership form is to be completed by New or Previous members applying for Student, Affiliate or MNZIQS membership.

Students who are currently studying for a QS qualification - please complete this form instead: NZIQS Student (Studying) Membership Application

Current members who wish to upgrade their membership status – please complete this form instead: NZIQS Membership Upgrade Application

You can also complete this membership application online.

MEMBERSHIP APPROVAL

The NZIQS Board will determine your membership level based on your qualifications and QS experience. Membership levels and criteria can be found here: https://www.nziqs.co.nz/Membership/Apply

Once your membership has been approved you will be formally notified of the Board's decision and invoiced for a pro-rated subscription for the financial year 1 April - 31 March. This subscription needs to be paid before your membership is finalised.

A re-joining fee applies for previous NZIQS members who have had their membership terminated for non-payment of subscription.

SUPPORTING EVIDENCE

You will need to attach the following documents with your application:

- 1. Evidence of any QS or related qualifications completed
- 2. Detailed CV showing QS experience
- 3. For MNZIQS applicants: reference letter from a NZIQS member or senior work colleague/employer dated within the last six months
- 4. For MNZIQS applicants: Names and contact details for two referees

CONTACT US

For any queries relating to completing this application please contact membership@nziqs.co.nz or call 04 4735521.

WHAT LEVEL OF NZIQS MEMBERSHIP ARE YOU APPLYING FOR?

Student Affiliate MNZIQS

Information on membership grades and criteria can be found here https://www.nzigs.co.nz/Membership/Apply

Note: Your final membership level will be determined by the NZIQS Board after consideration that you meet the criteria for that level.

YOUR DETAILS	
Title	
First name*	City*
Middle name(s)	Postcode*
Last name*	Country*
Preferred Name (If you prefer another name than your first name to be used for correspondence)	Street Address (If different to Mailing)
Date of Birth*	City*
Gender [∗] Male ☐ Female ☐ Gender Diverse ☐	Postcode* Country*
Mailing Address*	Mark preferred number for contact
YOUR CONTACT DETAILS	Mark preferred number for contact
Email*	Home phone
Secondary email address	Business Direct
eman dadress	Business Phone
	Mobile Phone
EMPLOYMENT DETAILS Employer/Organisation (Name of company you work for)	Job Title*
Job Category	T (05)
(best fit for level of position you hold)	Type of QS work (best fit for type of QS work you do):
☐ Junior QS ☐ Intermediate QS ☐ Senior QS ☐ Project Manager ☐ Director or Manager ☐ Self-employed ☐ Academic ☐ Other ☐ Non Construction Role ☐ Not Working	☐ Consulting ☐ Contracting ☐ Construction Industry ☐ Academic ☐ Non QS Work ☐ Other

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PRIOR MEMBERSHIP		
Have you been a member of NZIQS profile (If Yes to above then answer these questions)	reviously? Yes 🗌 No 🗌	Are you a member of another QS Institute? Yes \square No \square (If Yes to above then answer these questions)
Date Joined		Name of Institute
Date Left		Membership level
Previous membership level:		Current membership level at other QS Institute
Student		(Please provide evidence of membership)
QS QUALIFICATIONS COMPLET	ED	······································
1.	Date Awarded	Study Provider attended
2.	Date Awarded	Study Provider attended
3.	Date Awarded	Study Provider attended
Total years quantity surveying experience Total years quantity surveying experience in NZ		Please provide the following information about your work experience: 1. Full CV of all positions held in the construction industry that includes employer, location, position held, dates, and details your QS experience 2. For MNZIQS applicants only: Written reference from a NZIQS member, senior work colleague or employer dated within the last six months
REFEREES (REQUIRED FOR MN	ZIQS APPLICANTS OF	NLY)
Please provide two professional refere Referee 1	ees we can contact	Referee 2
Name		Name
Business Title and Organisation		Business Title and Organisation
Phone Number		Phone Number
E		Email
Email		Lindii

DISCLOSURE OF CRIMINAL CONVICTIONS AND CIVIL JUDGMENTS

Convictions and findings made against you in civil judgments will be considered on a case by case basis to determine your membership approval. If you do not declare any convictions or judgments as requested you may be held in breach of the NZIQS Code of Conduct.

Please note that the Criminal Records (Clean Slate) Act 2004 applies to some criminal convictions in New Zealand in certain circumstances. Information about that Act can be found here: https://www.justice.govt.nz/criminal-records/clean-slate/ 1] Have you ever been convicted, in New Zealand or overseas, of a criminal offense involving embezzlement, theft, fraud or dishonesty of any kind? Yes \(\Boxed{\text{No}}\) No \(\Boxed{\text{If Yes, List offences, year of conviction and sentence:}}	3] Have you ever been discharged without conviction, in New Zealand or overseas, for a criminal offense of the kinds described above? Yes \(\subseteq \) No \(\subseteq \) If Yes, List offences and year of discharge without conviction: 4] Have you ever had a Civil Judgment entered against you, in New Zealand or overseas, involving embezzlement, theft, fraud or dishonesty of any kind? Yes \(\subseteq \) No \(\subseteq \)
2] Have you ever been convicted, in New Zealand or overseas, of any criminal offense carrying on first conviction a maximum sentence of not less than 12 month's imprisonment? Yes \(\sqrt{No} \sqrt{No} \sqrt{\sqrt{Solution}} \) If Yes, List offences, year of conviction and sentence:	If Yes, List year and details of Judgment: 5] Are there pending criminal or civil proceedings against you, in New Zealand or overseas? Yes No If Yes, Provide details:
DECLARATION	
☐ I hereby make application to upgrade my membership status of the New Zealand Institute of Quantity Surveyors (Inc.) and have read and agreed to the NZIQS Membership Terms and Conditions, including being governed by the Institute's Constitution, By—Laws and Code of Conduct (refer https://www.nziqs.co.nz/Membership/Membership-Terms-Conditions). ☐ I declare that the information I have given in this application is a correct and true account of my professional education and experience.	Signed:
FORWARD APPLICATION AND ALL SUPPORTING MA	TERIAL TO:
Membership Officer, NZIQS P O Box 10469, Wellington 6140 Or email to: membership@nziqs.co.nz • Tel: 04 4735521	
CHECKLIST:	
Please include the following documents where applicable.	
 □ Evidence of qualification (e.g. certificates) □ Full CV detailing QS experience □ MNZIQS applicants only: written reference from a NZIQS month within the last six months □ Evidence of membership of other QS Institute (if applicable) □ Application form signed 	