

NZIQS STUDENT (STUDYING) MEMBERSHIP APPLICATION FORM



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

This membership form is to be completed by students who are currently studying for a QS qualification.

If you want to apply for Student, Affiliate, Graduate or MNZIQS membership - please complete this form:
[NZIQS New Membership Application](#)

Current members who wish to upgrade their membership status - please complete this form:
[NZIQS Membership Upgrade Application](#)

You can also complete this membership upgrade application [online](#).

MEMBERSHIP APPROVAL

You will be notified of your acceptance as a Student (Studying) member within 10 working days of receipt of your application.

Membership of NZIQS is free while you are studying for a QS qualification full-time.

Please remember to let us know when you have completed your studies and advise us of your new contact details and employment.

CONTACT US

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

YOUR DETAILS

Title	<input type="text"/>	Mailing Address*	<input type="text"/>
First name*	<input type="text"/>		<input type="text"/>
Middle name(s)	<input type="text"/>	City*	<input type="text"/>
Last name*	<input type="text"/>	Postcode*	<input type="text"/>
Preferred Name	<input type="text"/>	Country*	<input type="text"/>
<small>(If you prefer another name than your first name to be used for correspondence)</small>		Street Address	<input type="text"/>
Date of Birth*	<input type="text"/>	<small>(If different to Mailing)</small>	
Gender*	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	City*	<input type="text"/>
		Postcode*	<input type="text"/>
		Country*	<input type="text"/>

YOUR CONTACT DETAILS

Email*
Secondary email address

Mark preferred number for contact

Home phone
Business Direct
Business Phone
Mobile Phone

PRIOR MEMBERSHIP

Have you been a member of NZIQS previously? Yes No Date Joined
(If Yes to above then answer these questions) Date Left

QS QUALIFICATIONS CURRENTLY STUDYING

1. Year Started Study Provider attending
Full-time equivalent student? Yes No

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 No

If Yes, List offences, year of conviction and sentence:

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 No

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 No

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 No

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:

If Yes, List offences and year of discharge without conviction:

DECLARATION

I hereby make application to become a member 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 and Rules 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: _____

Name: _____

Date: _____

FORWARD APPLICATION TO

Membership Officer
NZIQS
PO BOX 10469
Wellington 6143

Or email to: office@nziqs.co.nz
Tel: 04 473 5521