

The Australian Institute of Quantity Surveyors

(ABN 97 008 485 809)

AFFILIATE MEMBERSHIP/ELEVATION APPLICATION FORM

APPLICATION GUIDELINES

The requirements for Affiliate Membership are set out in our *Conditions of Membership* available from the AIQS website www.aiqs.com.au. Applicants should read and understand the requirements of the Affiliate Membership prior to submitting application.

APPLICATION PROCESS

Affiliate Membership is available to a wide variety of practitioners of Quantity Surveying. The required experience must be in a minimum of one (1) of the core competence areas. Refer to *AIQS Competency Standards*. Applicants must apply through one of the Pathways as per the *Conditions of Membership*.

APPLICATION FEE

The Application Fee is non-refundable. This must accompany your Application Form for Affiliate Membership. The Application Fee is payable in Australian dollars. Payment can be made either via Bank draft (made payable to the Australian Institute of Quantity Surveyors) or Credit Card details are required. The Application Fee is:

- Australian applicants **AUD\$110.00 (GST included)**
- Overseas applicants **AUD\$100.00 (GST exempt)**

SUBMITTING APPLICATION

Please send the completed *Affiliate Membership/Elevation Application Form* with payment and all required certified documents (electronic copy accepted in PDF format) to:

BY MAIL: Membership Services Officer
The Australian Institute of Quantity Surveyors
Level 3, 70 Pitt Street, Sydney NSW 2000, Australia

BY EMAIL: membership@aiqs.com.au

APPLICANT DETAILS (all fields are compulsory - please print clearly)

Title: Mr Ms Miss Mrs Other:

Given Names (first name): (middle name):

Family Name (surname):

Date of Birth (day/month/year): /..... /..... Age (years):

PERSONAL DETAILS

Is this your preferred mailing address? Yes No

Home Address:

Suburb: State: Postcode:

Country:

Home Phone: Mobile Phone:

Email:

EMPLOYMENT DETAILS

Is this your preferred mailing address? Yes No

Company Name:

Company Address:

Suburb: State: Postcode:

Country: Work Phone:

Work Email:

OFFICE USE ONLY	<i>Prior To Postal Ballot</i>	<i>After Postal Ballot</i>
Member ID:	<input type="checkbox"/> Nomination	<input type="checkbox"/> History Activity
Processed By:	<input type="checkbox"/> Contact Details	<input type="checkbox"/> User Credentials
	<input type="checkbox"/> Profile & Zone	<input type="checkbox"/> Member Invoiced
	<input type="checkbox"/> Chapter	<input type="checkbox"/> Acceptance Letter & Invoice Sent
	<input type="checkbox"/> Application Received Activity	<input type="checkbox"/> Member Fee Processed
	<input type="checkbox"/> Qualifications	<input type="checkbox"/> Status Active

Certificate to President:	<input type="checkbox"/> Application Fee	<input type="checkbox"/> Post Nominals
	<input type="checkbox"/> APC Interview	<input type="checkbox"/> Certificate Issued
	<input type="checkbox"/> Postal Ballot	<input type="checkbox"/> Receipt Issued
APPROVED FOR ADMISSION TO AFFILIATE MEMBERSHIP		
*Secretary Signature (progress to interview):	Date: / /	
Secretary Signature (advance to Affiliate):	Date: / /	
Membership Officer Signature:	Date: / /	
<i>*If Applicant progressing to Interview Stage, please return Application to the Membership Services Officer ONLY after Interview completed.</i>		

EMPLOYMENT HISTORY (if more room required, please attach additional page in this format)

DETAILS	CURRENT EMPLOYMENT	PREVIOUS EMPLOYMENT
Employer's Name:		
Type of Business:		
Position Title:		
Commencement Date:		
Conclusion Date:		
Direct Supervisor's Name:		
Supervisor's Position Title:		
Supervisor's Qualifications:		
Supervisor's Postnominals:		

TERTIARY EDUCATION QUALIFICATIONS *(please attach a certified copy of qualification)*

Name of Tertiary Institution:

Name of Degree Qualification:

Date of Graduation or Completion:

Duration of course (years): Full Time Part Time

TECHNICAL EDUCATION QUALIFICATIONS *(please attach a certified copy of qualification)*

Name of Technical Institution:

Name of Technical Qualification:

Date of Graduation or Completion:

Duration of course (years): Full Time Part Time

PROFESSIONAL ASSOCIATION MEMBERSHIPS *(please attach a certified copy of membership details)*

Name of Association:

Membership Grade: Corporate Non-Corporate

Member Since (date):

NOMINATION

Applicants for Affiliate Membership shall be nominated by:

- An Associate, Member or Fellow of the AIQS.

I hereby propose (insert applicant name) for Affiliate Membership of the AIQS. We have reviewed the particulars of the application and consider the applicant to be a person of good character suitable to become a non-corporate member of the Institute.

NAME	POST NOMINALS	MEMBER ID	SIGNATURE
1.			

APPLICANT DECLARATION

I do solemnly declare that all the particulars furnished by me are true and correct and that I shall abide by the *Articles of Association By-Laws* and *Code of Professional Conduct* of the Institute.

I agree to receiving AIQS and related correspondence, information and marketing material.

I agree that AIQS may disclose my membership status to any enquiring bodies and/or the general public.

I certify that I comply with the pre-requisites for Affiliate Membership.

I undertake to pay the appropriate subscription promptly within one (1) month of admission.

Signature: Date: / /

PAYMENT DETAILS

I have enclosed bank draft OR I have provided my credit card details below for the amount of:

AUD\$110.00 Australian applicant Membership Application Fee (GST included)

AUD\$100.00 Overseas applicant Membership Application Fee (GST exempt)

MASTERCARD **VISACARD**

..... / / Expiry Date: /

Name of Cardholder (please print):

Signature of Cardholder:

CHECK LIST

Please **ONLY** submit the requested documents. Please submit all requested documents as described below. Please **DO NOT** bind applications. Please keep applications to less than 25 pages. Electronic applications should be submitted in PDF format.

Applications that exceed 25 pages and/or fail to provide any of the below listed documents may cause delays in the processing.

All Pathways

- Completed Application Form
- *Certified copy of Degree or Diploma qualification/s
- *Certified copy of all professional association memberships
- Nomination section signed by a person who satisfies the requirements as per the *Conditions of Membership*
- Payment of Application Fee
- Reference letters from Supervisors and/or Employers (where required)
- A detailed Curriculum Vitae (where required)

Please note that foreign language documents must be provided with a *certified English translation.

**Certified copy is a copy of an original document which is certified as a true copy by an authorised person. Authorised people include: Justices of the Peace (JPs) and legal practitioners. If your qualifications are not in English, you must provide certified copies of both the original language document and an English translation carried out by an authorised translator. Certification must appear on the front of the document (not the back page).*

TIMEFRAME FOR ASSESSMENT

Applications for Affiliate Membership may take a number of months to be processed. All applications received by the AIQS will be acknowledged with an email within one week of receipt.