

The Australian Institute of Quantity Surveyors

(ABN 97 008 485 809)

FELLOW GRADE ELEVATION FORM

APPLICATION GUIDELINES

Fellowship is a senior grade of membership created to recognise commitment and service to the Institute and the profession of Quantity Surveying. This is a Corporate grade membership and the requirements for Fellow grade Membership are set out in the *AIQS Conditions of Membership*. The Conditions of Membership are available from the AIQS website www.aiqs.com.au.

CONTINUED PROFESSIONAL DEVELOPMENT

On admission to AIQS Fellow grade Membership, Members are to undertake to fulfil such Continuing Professional Development requirements that the Institute shall require.

ELEVATION FEE

The Elevation Fee is non-refundable. This must accompany your Application Form for Fellow grade 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 Elevation Fee is:

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

Once accepted, the applicant is required to pay a pro-rated Fellow Membership subscription from the transfer date to 30 June. This is payable within one 14 days of acceptance to Fellow grade.

SUBMITTING APPLICATION

Please send completed form with payment and all required certified documents (electronic copy accepted) to:

BY MAIL: **Membership Services Officer**
 Suite 303, 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
Certificate to President:	<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"/> Application Fee	<input type="checkbox"/> Post Nominals
	<input type="checkbox"/> Postal Ballot	<input type="checkbox"/> Receipt Issued
		<input type="checkbox"/> Certificate Issued

APPROVED FOR ADMISSION TO FELLOW GRADE MEMBERSHIP

Membership Officer Signature:

Date: / /

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:		

DECORATIONS and AWARDS

DATE	NAME OF AWARD OR DECORATION
Date:	
Date:	
Date:	

INSTITUTE POSITIONS HELD

DETAILS	CURRENT EMPLOYMENT	PREVIOUS EMPLOYMENT
Employer's Name:		

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 Fellow grade membership shall be nominated by:

- Three Fellow grade members of good standing

NAME	POST NOMINALS	MEMBER ID	SIGNATURE
1.			
2.			
3.			

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 Fellow 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: