

STUDENT APPLICATION FORM

APPLICATION GUIDELINES

The requirements for Graduate membership are set out in our *Membership Entry & Advancement Policy* available from the AIQS website www.aiqs.com.au. Applicants should read and understand the requirements of Graduate membership prior to submitting application.

Applicants should provide true and correct information at the time of the application. If false claims are made or misleading information have been provided or found at a later stage, the applicant or member may be in breach of the Code of Conduct and disciplinary actions may be taken or the application nullified.

SUBMISSION OF APPLICATION

Send *Application Form* and all required documents (electronic copy accepted in PDF format) to:

BY MAIL: **Membership Services Officer**
 The Australian Institute of Quantity Surveyors Level
 Suite 303, Level 3, 70 Pitt Street, Sydney NSW 2000, Australia

BY EMAIL: membership@aiqs.com.au

Please note ALL fields are required to be completed. Please attach a copy of your Enrolment Statement, we are unable to process your application without this. Applications can take up to 10 weeks to process. All correspondence with Student Members is via email.

PERSONAL 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 (dd/mm/yyyy): Age (years):

CONTACT DETAILS

Is this your preferred mailing address? Yes No

Home Address:

Suburb: State: Postcode:

Country:

Home Phone: Mobile Phone:

Email:

COURSE DETAILS

Name of Tertiary Institution:

Name of Degree Qualification:

Date of Graduation or Completion (dd/mm/yyyy):

Duration of course (years): Full Time Part Time

Enrolment Statement or Enrolment Confirmation Letter from my University is attached.

Please state your primary purpose for joining

Education/CPD

I want to give back to the Profession

Work-mandated

Networking Opportunities

I think it will help me/useful throughout my career

Other – Please specify _____

APPLICANT DECLARATION

I do solemnly declare that all the particulars furnished by me are true and correct and that I shall abide by the *Constitution, By-Laws, Code of Conduct* and Regulations of the Institute, as amended from time to time.

I agree and consent to provide a criminal record check at any time when so requested by the AIQS.

I understand that I am responsible for providing up-to-date and accurate contact details to the AIQS. I agree to receiving AIQS and related correspondence, information and marketing material.

I agree that AIQS may disclose my full name, membership status, state/territory or city/town of residence/Business address and Chapter to any enquiring bodies and/or the general public.

I certify that I comply with the pre-requisites for the membership type I am applying for.

Signature: Date (dd/mm/yyyy):