

# TRANSFER TO RETIRED MEMBERSHIP APPLICATION FORM

## APPLICATION GUIDELINES

The requirements for Retired Members are set out in our Membership Entry & Advancement Policy and related definitions available from our website <http://www.aiqs.com.au>. Applicants should read and understand the requirements of the AIQS for Retired Members prior to submitting application.

## PRE-REQUISITES

Applicants for Retired Membership with AIQS are required to:

- o Be a Fellow, Associate or Member of the Institute in good standing, and
- o Have reached retiring age or have bona fide ceased full time remunerative employment.

## PERSONAL DETAILS *(please print clearly)*

Title:       Mr       Ms       Miss       Mrs       Other: .....

Given Names (first name): ..... Family Name (surname): .....

Home Address: .....

Suburb: ..... State: ..... Postcode: .....

Country: .....

Home Phone: ..... Mobile Phone: .....

Email: ..... Member No: .....

(please provide your **own** personal email address)

## ALTERNATE CONTACT PERSON (where required)

Title:       Mr       Ms       Miss       Mrs       Other: .....

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

Family Name (surname): .....

Company Name: .....

Relationship to me (spouse/company administrator/etc): .....

Phone: ..... Mobile Phone: .....

Email: .....

I provide full consent to the above-named individual or authorised representative (details above) to act on my behalf in all dealings with the AIQS. I understand and accept that this individual or authorised representative will have full access to all information (including personal information) that AIQS may hold on its database.

Signature: ..... Date: ...../...../.....

## APPLICANT DECLARATION

I understand that I am responsible for providing up-to-date and accurate contact details to the AIQS. I do solemnly declare that all the particulars furnished by me are true and correct and that I comply with the pre-requisites for Retired Membership. I undertake to pay the appropriate subscription (if applicable) promptly within 14 days of admission.

Signature: ..... Date (dd/mm/yyyy): .....

## SUBMITTING APPLICATION

Please send completed *Application Form* 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](mailto:membership@aiqs.com.au)