**Application for Membership**

|  |  |
| --- | --- |
| Surname |  |
| Other Names |  |
| Date of Birth |  |
| Postal Address |  |
| Town |  |
| Work Phone |  |
| Work Fax |  |
| E-mail |  |
| Home Phone |  |
| Home Fax |  |
| Mobile |  |

|  |  |  |
| --- | --- | --- |
| **Academic Qualifications** | | |
| Secondary Education | School |  |
|  | Highest Examination Passed |  |
| Tertiary Education | University/College |  |
|  | Degree/Diploma |  |
|  | Year of Graduation |  |
| Post Graduate Education | University |  |
|  | Qualification |  |
|  | Year of Graduation |  |

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| --- |
| **Practical Training** |
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| **Membership of Other Professional Institutes** |
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|  |  |
| --- | --- |
| **Present Employment** | |
| Name of Employer |  |
| Address of Employer |  |
| Position Held |  |

|  |  |
| --- | --- |
| Date of Registration by Surveyors  Registration Board of Fiji |  |

|  |  |
| --- | --- |
| Other Qualifications |  |

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| --- | --- | --- |
| **Declaration by Applicant**  I hereby declare that I am desirous of being elected a Professional Member/Technical Member/Associate Member/ Probationer/Student Member of Fiji Institute of Surveyors and that the particulars stated are true in every respects and I undertake, if elected, to conform to the Constitution and Regulations of the Institute. | | |
| Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Proposer** |  | |
| Name |  | |
| Grade |  | |
| Branch |  | |

I hereby nominate the above named applicant as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the Institute whom I know personally and is, in my opinion a fit and proper person to be admitted to the grade of membership.

|  |  |
| --- | --- |
| Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Seconder** | |
| Name |  |
| Grade |  |
| Branch |  |

I hereby second the nomination of the above named applicant whom I know personally.

|  |  |
| --- | --- |
| Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Branch Office** |  |  | **Council** |  |
| Admission  Recommended |  |  | Decision |  |
| Not Recommended |  |  | Date |  |
|  |  |  | Membership No. |  |
|  |  |  | Certificate Issued |  |