



INSTITUTE OF QUANTITY SURVEYORS OF KENYA

Lenana Road, Ring Road Junction - Kilimani

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NAIROBI, KENYA.

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Website: www.iqskkenya.org

MEMBERSHIP APPLICATION FORM

Attach Photo
here

PART "A"

No. (To be filled in bold letters by Applicant)

A. PERSONAL DETAILS

Name: Prof. / Dr. / Mr. / Mrs. / Miss

Surname

Other names

Postal Address: Code:

Physical Address:

Telephone: Date of Birth:

Email: Nationality:

Country of Residence: Date of Arrival in Kenya if non-resident.

B. EDUCATIONAL BACKGROUND AND PROFESSIONAL QUALIFICATIONS

Secondary:
High School:
Polytechnic:
University:
Professional Exams:

Registered by the Board of Registration of Architects and Quantity Surveyors?

YES

NO

If yes, Registration No. and attach copy

C. CLASS OF MEMBERSHIP APPLIED FOR

HONORARY	<input type="text"/>	FELLOW	<input type="text"/>	CORPORATE	<input type="text"/>
LICENTIATE	<input type="text"/>	VISITING	<input type="text"/>	GRADUATE	<input type="text"/>
STUDENT	<input type="text"/>	TECHNICIAN	<input type="text"/>		

D. DETAILS OF PRACTICAL PROFESSIONAL EXPERIENCE IN KENYA.

If the space provided is insufficient, type and attach separate list.

E. WORK EXPERIENCE

Name and Address of Employer /
or Self Employed.

Your position at work.

F. FORM A

(Referred to Constitution Section 5:14)

INSTITUTE OF QUANTITY SURVEYORS OF KENYA

I, the undersigned, agree that in the event of my election to membership of any class in the Institute of Quantity Surveyors of Kenya, I will be governed by the constitution and By-laws of the Institute, as they are now or as they may hereafter be altered, and that I will advance the objects of the Institute as far as shall be in my power.

Provided that, whenever I shall signify in writing to the Honorary Secretary that I am desirous of withdrawing from the Institute I shall after the payment of any arrears which may be due from me at the period be free from this obligation.

As witness my hand this..... day of 20.....

NAME

SIGNATURE

Class of Membership applied for in the Institute

PART "B"
TO BE COMPLETED BY APPLICANT'S SPONSORS

- NOTE: 1. This part (B) is to be completed by two sponsors who must be fellows in case of proposal to the class Fellows, Corporate, Licentiate, Visiting, Graduate and Student member shall be proposed and supported by two corporate members.
2. The proposer is advised to read the following declaration before signing his/her proposition.

We being the proposers of
recommend him/her for membership of the Institute and do confirm that to the best of our knowledge the professional details entered above are correct.

1. PROPOSER'S FULL NAME:

MEMBERSHIP NO.

ADDRESS:

SIGNED:

DATE:

2. SECONDER'S FULL NAME:

MEMBERSHIP NO.

ADDRESS:

SIGNED:

DATE:



PART "C"

(FOR OFFICIAL USE ONLY)

A. ENTRANCE FEES AND ANNUAL SUBSCRIPTION

ENTRANCE FEES PAID BY CHEQUE / CASH DATE:

SUBSCRIPTIONS FEES PAID BY CHEQUE / CASH DATE:

SIGNED TREASURER: DATE:

TREASURER'S NAME:

B. APPLICATIONS, QUALIFICATIONS AND PRACTICE COMMITTEE

APPLICATION APPROVED: APPLICATION REJECTED

SIGNED DATE:

COMMITTEE CONVENER

C. INSTITUTE'S COUNCIL APPROVAL

APPLICATION APPROVED APPLICATION REJECTED

SIGNED CHAIRMAN DATE:

CHAIRMAN'S NAME

REGISTRATION MEMBERSHIP NO. DATE:

SIGNED REGISTRAR DATE:

REGISTRAR'S NAME
