

NOMINATION FOR LIFE MEMBERSHIP



The status of Life membership is **considered and awarded by Council**.

Nominees for Life membership can be made for members **who have made an exceptional contribution to the profession of quantity surveying**.

Full criteria for Life Member nominations can be found here:

<http://www.nziqs.co.nz/Membership/Apply/Fellow-Life-Honorary-Membership>

This Life Member Nomination Form is to be signed by three members of NZIQS who are Life Members, FNZIQS, MNZIQS or ANZIQS. It is recommended that the nomination is discussed with the local Branch Chair first.

Contact the Membership Officer at NZIQS for information about a nominee's membership details and NZIQS history:

office@nziqs.co.nz Tel: 04 4735521

Nominee's Name NZQIS Membership #

MEMBERSHIP DETAILS

Date Joined NZIQS: Branch:
Date Awarded Fellow: # Years:
Date Awarded MNZIQS/ANZIQS: # Years:
Other Institute Membership: Date Awarded: # Years:
Years in NZ:
Registered Quantity Surveyor: Yes No Date Reg QS Awarded:

OFFICE USE ONLY:

WORK EXPERIENCE/ROLES

Please provide a summary of senior positions held, including those outside quantity surveying:

NZIQS ROLES

Please indicate nominee's involvement with NZIQS (e.g. committees, Branch Board, Council - provide title and years):

OTHER CONSTRUCTION ORGANISATIONS

Please indicate nominee's involvement with other construction organisations (e.g. committees, Branch Board, Council - provide title and years):

NOMINATED BY

Name <input style="width: 300px;" type="text"/>	Signature <input style="width: 300px;" type="text"/>
<input type="checkbox"/> Fellow <input type="checkbox"/> Member <input type="checkbox"/> Associate	
Name <input style="width: 300px;" type="text"/>	Signature <input style="width: 300px;" type="text"/>
<input type="checkbox"/> Fellow <input type="checkbox"/> Member <input type="checkbox"/> Associate	
Name <input style="width: 300px;" type="text"/>	Signature <input style="width: 300px;" type="text"/>
<input type="checkbox"/> Fellow <input type="checkbox"/> Member <input type="checkbox"/> Associate	

Has this nomination been discussed with your Branch Board? Yes No

OFFICE USE ONLY

Council Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: <input style="width: 100px;" type="text"/>	
Nominee Advised: <input style="width: 250px;" type="text"/>	Branch Advised: <input style="width: 250px;" type="text"/>	
Database Updated: <input style="width: 250px;" type="text"/>	Award Presented: <input style="width: 250px;" type="text"/>	

FORWARD APPLICATION AND ALL SUPPORTING MATERIAL TO:

Membership Officer
NZIQS
P O Box 10469
Wellington 6143

Or email to: office@nziqs.co.nz
Tel: 04 4735521