

# NZIQS MEMBERSHIP UPGRADE APPLICATION FORM



This membership form is to be completed by current members applying to upgrade to Affiliate, Graduate or MNZIQS membership.

Students who are currently studying for a QS qualification – please complete this form: **“NZIQS Student (Studying) Membership Application”**.

New or previous members who wish to join NZIQS – please complete this form: **“NZIQS New Membership Application”**.

You can also complete this membership upgrade application online.

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## MEMBERSHIP APPROVAL

The NZIQS Council will determine your membership level based on your qualifications and QS experience. Membership levels and criteria can be found here: <http://www.nziqs.co.nz/Membership/Apply>

Once your membership has been approved you will be formally notified of the Council decision and invoiced for the increased pro-rated subscription for the financial year 1 April - 31 March. This subscription needs to be paid before your membership upgrade is finalised.

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## SUPPORTING EVIDENCE

You will need to attach the following documents with your application:

1. Evidence of any QS qualifications completed
2. Detailed CV showing QS experience
3. For MNZIQS applicants: reference letter from a NZIQS member or senior work colleague/employer
4. For MNZIQS applicants: Names and contact details for 2 referees.

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## CONTACT US

For any queries relating to completing this application please contact [office@nziqs.co.nz](mailto:office@nziqs.co.nz) or call 04 4735521.

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## WHAT LEVEL OF NZIQS MEMBERSHIP ARE YOU APPLYING TO UPGRADE TO?

Affiliate  Graduate  MNZIQS

\*Information on type of membership and criteria can be found here <http://www.nziqs.co.nz/Membership/Apply>

Note: your final membership level will be determined by the NZIQS Council after consideration that you meet the criteria for that level.

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## YOUR DETAILS

Title	<input type="text"/>	Mailing Address*	<input type="text"/>
First name*	<input type="text"/>		<input type="text"/>
Middle name(s)	<input type="text"/>	City*	<input type="text"/>
Last name*	<input type="text"/>	Postcode*	<input type="text"/>
Preferred Name	<input type="text"/>	Country*	<input type="text"/>
<small>(If you prefer another name than your first name to be used for correspondence)</small>			
Date of Birth*	<input type="text"/>	Street Address	<input type="text"/>
		<small>(If different to Mailing)</small>	
Gender*	Male <input type="checkbox"/> Female <input type="checkbox"/>	City*	<input type="text"/>
		Postcode*	<input type="text"/>
		Country*	<input type="text"/>

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## YOUR CONTACT DETAILS

Email*	<input type="text"/>	Home phone	<input type="checkbox"/>	<input type="text"/>
Secondary email address	<input type="text"/>	Business Direct	<input type="checkbox"/>	<input type="text"/>
		Business Phone	<input type="checkbox"/>	<input type="text"/>
		Mobile Phone	<input type="checkbox"/>	<input type="text"/>

### Mark preferred number for contact

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## EMPLOYMENT DETAILS

Employer/Organisation (Name of company you work for)	<input type="text"/>	Job Title*	<input type="text"/>
Job Category <small>(best fit for level of position you hold)</small>		Type of QS work <small>(best fit for type of QS work you do):</small>	
<input type="checkbox"/> Junior QS		<input type="checkbox"/> Consulting	
<input type="checkbox"/> Intermediate QS		<input type="checkbox"/> Contracting	
<input type="checkbox"/> Senior QS		<input type="checkbox"/> Construction Industry	
<input type="checkbox"/> Property Manager		<input type="checkbox"/> Non QS Work	
<input type="checkbox"/> Director or Manager		<input type="checkbox"/> Other	
<input type="checkbox"/> Self-employed			
<input type="checkbox"/> Academic			
<input type="checkbox"/> Other			
<input type="checkbox"/> Non Construction Role			
<input type="checkbox"/> Not Working			

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### MEMBERSHIP OF ANOTHER QS INSTITUTE

Are you a member of another QS Institute? Yes  No   
(If Yes to above then answer these questions)

Name of Institute   
Membership level

Current membership level at other QS Institute

(Please provide evidence of membership)

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### QS QUALIFICATIONS COMPLETED

1.	<input type="text"/>	Date Awarded	<input type="text"/>	Study Provider attended	<input type="text"/>
2.	<input type="text"/>	Date Awarded	<input type="text"/>	Study Provider attended	<input type="text"/>
3.	<input type="text"/>	Date Awarded	<input type="text"/>	Study Provider attended	<input type="text"/>

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### WORK EXPERIENCE IN CONSTRUCTION INDUSTRY

Total years in construction in NZ

Total years quantity surveying experience

Total years quantity surveying experience in NZ

Please provide the following information about your work experience:

1. Full CV of all positions held in the construction industry that includes employer, location, position held, dates, and details your QS experience
2. MNZIQS Applicants only: Written reference from a NZIQS member, senior work colleague or employer dated within the last six months

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### REFEREES (REQUIRED FOR MNZIQS APPLICANTS ONLY)

Please provide two professional referees we can contact

#### Referee 1

Name   
Business Title and Organisation   
Phone Number   
Email

#### Referee 2

Name   
Business Title and Organisation   
Phone Number   
Email

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## DISCLOSURE OF CRIMINAL CONVICTIONS

Convictions will be considered on a case by case basis to determine your membership approval, If you do not declare any convictions as requested you will be held in breach of the Code of Practice.

Have you ever been convicted of a criminal offense involving embezzlement, theft, fraud or dishonesty of any kind?\*

Yes  No

If Yes, List offences, year of conviction and sentence:

Have you ever been convicted of any criminal offense

carrying on first conviction a maximum sentence of not less than 12 months imprisonment?\* Yes  No

If Yes, List offences, year of conviction and sentence:

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## DECLARATION

I hereby make application to upgrade my membership status of the New Zealand Institute of Quantity Surveyors (Inc.) and have read and agreed to the [NZIQS Terms and Conditions](#), including being governed by the Institute's [Constitution and Rules](#) and [Code of Practice and Professional Conduct](#) (refer <http://www.nziqs.co.nz/forms>).

I declare that the information I have given in this application is a correct and true account of my professional education and experience.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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## FORWARD APPLICATION AND ALL SUPPORTING MATERIAL TO:

Membership Officer  
NZIQS  
P O Box 10469  
Wellington 6143

Or email to: [office@nziqs.co.nz](mailto:office@nziqs.co.nz)  
Tel: 04 4735521

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## CHECKLIST:

Please include the following documents where applicable.

- Evidence of qualification (e.g. certificates)
- Full CV detailing QS experience
- MNZIQS applicants only: written reference from a NZIQS member, senior work colleague or employer dated within the last six months
- Evidence of membership of other QS Institute (if applicable)
- Application form signed