



# NEW ZEALAND INSTITUTE OF QUANTITY SURVEYORS (INC)

## APPLICATION FOR ADMISSION AS 'QUALIFIED' MEMBER (MNZIQS)

[Please circle one]

**NAME** Mr, Mrs, Miss or Ms \_\_\_\_\_  
known as \_\_\_\_\_ first names \_\_\_\_\_ family name \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
(for NZIQS  
mail) \_\_\_\_\_  
\_\_\_\_\_ **POST CODE** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**FAX** \_\_\_\_\_ **MOBILE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_

**Date of Arrival in New Zealand (If not born in New Zealand)** \_\_\_\_\_

**Current member of NZIQS?** Yes/no **Current status:** student/member on probation  
Please circle which Please circle which

**If ex NZIQS member - From when to when?** \_\_\_\_\_

**If Member of any other QS institute - Name** \_\_\_\_\_

**From when to when?** \_\_\_\_\_ **what level of Membership?** \_\_\_\_\_

### QS Educational Qualifications

Qualification name	Date awarded	From where
1. Certificate and Diploma of Quantity Surveying.		
2. Bachelor of Construction (QS) or other relevant QS tertiary qualification.		
3. Any other qualifications (Name).		

**Important Note.** Please enclose copies of qualifications certified/signed as true copies by an independent person.



**DISCLOSURE – Criminal Convictions (answer both questions)**

1. Have you ever been convicted of a criminal offence involving embezzlement, theft, fraud or dishonesty of any kind? **Please circle which** Yes No

If yes – What? \_\_\_\_\_ When? \_\_\_\_\_

2. Have you ever been convicted of any criminal offence carrying on first conviction a maximum sentence of not less than 12 months imprisonment? **Please circle which** Yes No

If yes – What? \_\_\_\_\_ When? \_\_\_\_\_

**GENERAL UNDERTAKING and CONSENT FOR DISCLOSURE**

I (print full name) \_\_\_\_\_ declare that the information I have given in this application is correct and complete.

I undertake that I will, if admitted to membership of the Institute, be governed by the Constitution, Rules and by-laws of the Institute as they are now and as they may be amended or altered while I am a member.

I consent to disclosure of relevant information entered in this application to:

- (a) The New Zealand Institute of Quantity Surveyors, its Committees, Branch Boards and to other members when relevant; and to
- (b) Organisations or persons that request contact details for the purpose of serving the interests of NZIQS and its members and subject to Council policy and approval of the Executive Director.

I promise to promote the objects of the Institute as best I can.

I will at all times faithfully, impartially and to the best of my knowledge and ability, carry out the work referred to me in my capacity as a Quantity Surveyor.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Occupation \_\_\_\_\_

Witness name: \_\_\_\_\_

Witness Address \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**NZIQS member sponsor (if applicable)** \_\_\_\_\_  
Name Printed in full

**CHECKLIST**

**Witnessed and signed photocopy evidence to substantiate this application.**

**Photocopies Enclosed**

**Applications should be forwarded to**

The Executive Director, NZIQS, PO Box 10469, The Terrace, Wellington 6143  
Fax: + 64 (0)4 473 2918 or to: [office@nziqs.co.nz](mailto:office@nziqs.co.nz).