

THE HONG KONG INSTITUTE OF SURVEYORS

APPLICATION FOR ASSOCIATE MEMBERSHIP

Note:

- (1) Associate membership of the HKIS is open to persons who are at least 21 years of age, being a technical member of a recognized professional body with at least one year relevant local experience, or a probationer having satisfied the relevant stages of the APC.
- (2) This application form must be subscribed by 4 corporate members of HKIS.
- (3) The non-refundable application fee of \$1200, together with the first annual subscription fee of \$1200 (= \$2400 payable to “The Hong Kong Institute of Surveyors”) must be included with this application.
- (4) Applications from probationers of the Institute need only pay the difference in annual subscription (i.e. \$1200 – \$790 = \$410) and the net fee payable with this application is \$1200 + \$410 = \$1610.

<i>For Office Use</i>	<i>Date</i>	<i>Officer</i>	<i>For Office Use</i>	<i>Date</i>	<i>Officer</i>
Form received			Acknowledged		
Fee received			Received		
Particulars verified			Other Data requested		
Other Data received			Passed to DMC		
Interviewed on			Recommended		
Remarks:			Not Recommended		
Tabled at BOM			Result notified		
DIVISION			MEMBERSHIP NO.		

To the Honorary Secretary, HKIS

I hereby submit my application for admission to Associate membership of HKIS and I declare that the particulars provided are true and correct.

This is a re-application. My last application was rejected on _____.

Date _____

Signature of Applicant _____

Full Name _____

Please complete in block letters

Personal Particulars			
Surname Mr. / Miss		Given Names in full (as shown on HKID)	
姓名		HKID No. (Attach a copy for verification.)	Date of Birth
Correspondence address			
Contact telephone no.		Email address	
Current Employment and address		Position	Since
Previous Employment		Position	Since
Particulars of Membership of Recognized Professional Body (Documentary evidence must be submitted for verification.) (The applicant will be subject to an admission interview.)			
Professional Body			
Membership Grade and Division		Date of Admission	
Particulars of Assessment of Professional Competence			
I am a Probationer of _____ Division admitted on (date) _____ (Mem. No. _____)			
I have satisfied the requirements of the relevant APC on (date) _____			
Subscription by 4 Corporate Members (All subscribers should be members of the same Division as the applicant.) (Not more than 2 subscribers should be from the same organization as the applicant.)			
Full Name (Division)	Full Name (Division)	Full Name (Division)	Full Name (Division)
Membership Grade & No.	Membership Grade & No.	Membership Grade & No.	Membership Grade & No.
Organization	Organization	Organization	Organization
Signature	Signature	Signature	Signature
Date	Date	Date	Date

(Note: Subscribers may be required to testify the suitability of the applicant for admission.)