

THE HONG KONG INSTITUTE OF SURVEYORS APPLICATION FOR STUDENT MEMBERSHIP

Note:

- (1) Student membership of the HKIS is open to persons who are at least 18 years of age and are undergoing suitable academic training for the profession. Students pursuing undergraduate or sub-degree programmes in surveying related studies are eligible.
- (2) This application form must be subscribed by the Head of Department of the university or institution in which the applicant is undergoing the relevant academic training. Such subscription may be signified by a duly authorized officer of the relevant academic institution.
- (3) No application fee is levied, but the first annual subscription fee of \$70 (payable to “The Hong Kong Institute of Surveyors”) must be included with this application.

<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 YSGMC		
Remarks:			Recommended		
			Not Recommended		
Tabled at BOM			Result notified		
DIVISION			MEMBERSHIP NO.		

To the Honorary Secretary, HKIS

I declare that I have not been convicted of a criminal offence in Hong Kong or elsewhere.

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

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	
Division to be registered in (tick one Division only)		
<input type="checkbox"/> Building Surveying	<input type="checkbox"/> General Practice	
<input type="checkbox"/> Land Surveying	<input type="checkbox"/> Quantity Surveying	
<input type="checkbox"/> Planning & Development	<input type="checkbox"/> Property & Facility Management	
Particulars of Academic Training		
University / Academic Institution		
Department		
Course of Study		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Date of commencement	Date of completion
Subscription by Head of Department (or authorized officer)		
Name of Signatory	Position of Signatory	
Signature	Date	Official Chop

(Revised May 2022)