

THE HONG KONG INSTITUTE OF SURVEYORS

APPLICATION FOR FELLOWSHIP

Note:

- (1) Fellowship of the HKIS is open to professional members who have had 7 years of engagement since attaining membership of the Institute, 3 years of which being in senior positions, the last year of which being in Hong Kong.
- (2) This application form must be subscribed by 5 Fellows of HKIS.
- (3) The non-refundable application fee of \$2840, together with the first annual subscription fee of \$2840 (= \$5680 payable to “The Hong Kong Institute of Surveyors”) must be included with this application.
- (4) With effect from 1 April 2011, applications from professional members of the Institute need only pay the difference in annual subscription (i.e. \$2840 – \$1970 = \$870) and the net fee payable with this application is \$2840 + \$870 = \$3710.

<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		
Man CPD verified			Endorsed by Division		
Recommended			Not Recommended		
Disciplinary check			Subscriptions check		
Tabled at BOM			Tabled at GC		
Remarks:			Result notified		
DIVISION			MEMBERSHIP NO.		

To the Honorary Secretary, HKIS

I hereby submit my application for admission to Fellowship 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	HKIS Membership No.	Year of Birth	
Correspondence address			
Contact telephone no.		Email address	
Particulars of Professional Engagement			
I am a Member of _____ Division admitted on (date) _____			
I am also a Member of _____ Division admitted on (date) _____			
I have completed _____ hours of Mandatory CPD in the preceding 3 years. <input type="checkbox"/> (Attach CPD Record Template or log sheets if available, to expedite processing.)			
My professional practice in the preceding 7 years is tabulated below			
Engagement	Position	Location	Duration
Subscription by 5 Fellows			
(At least 3 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.) (Subscribers may be required to testify the suitability of the applicant for admission.)			
Full Name / Mem. Grade & No. (Division)	Organization	Signature	Date
Full Name / Mem. Grade & No. (Division)	Organization	Signature	Date
Full Name / Mem. Grade & No. (Division)	Organization	Signature	Date
Full Name / Mem. Grade & No. (Division)	Organization	Signature	Date
Full Name / Mem. Grade & No. (Division)	Organization	Signature	Date

Declaration of Competences and Contributions

(For "Yes" items, please elaborate with relevant dates as far as practicable.)

Service to Division	APC Counsellor	<input type="checkbox"/> Yes, _____
	APC Assessor	<input type="checkbox"/> Yes, _____
	CPD Organizer	<input type="checkbox"/> Yes, _____
	CPD Speaker	<input type="checkbox"/> Yes, _____
	DEC Member	<input type="checkbox"/> Yes, _____
	DMC Member	<input type="checkbox"/> Yes, _____
	Council Member	<input type="checkbox"/> Yes, _____
	Office Bearer	<input type="checkbox"/> Yes, _____
Service to Institute	Conference Organizer	<input type="checkbox"/> Yes, _____
	Conference Speaker	<input type="checkbox"/> Yes, _____
	Contributor to Surveyor Times	<input type="checkbox"/> Yes, _____
	Board Member	<input type="checkbox"/> Yes, _____
	General Council Member	<input type="checkbox"/> Yes, _____
Service to Academia	Subject Lecturer	<input type="checkbox"/> Yes, _____
	Seminar Speaker	<input type="checkbox"/> Yes, _____
	Mentor	<input type="checkbox"/> Yes, _____
	Advisor	<input type="checkbox"/> Yes, _____
Service to Society	HKIS Representative	<input type="checkbox"/> Yes, _____
	HKIS Spokesman	<input type="checkbox"/> Yes, _____
	Volunteer Worker	<input type="checkbox"/> Yes, _____
	Others	<input type="checkbox"/> Yes, _____