



ASSOCIATION OF PRACTICING QUANTITY SURVEYORS & ESTIMATORS - SRI LANKA

Registered No. G(A) 355
36/1, Anderson Road, Kalubowila, Dehiwala, Sri Lanka.
Tel: 94 – 11 -2823717, Fax: 94-11-2824727,
E-mail: info@apgsesrilanka.com
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FORM
MA

Membership Number

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For Office Use Only

APPLICATION FOR RE REGISTRATION

(This form to be type written or filled in block capital letters)

1.0 APPLICANT'S DETAILS

1.1. Name with Initials:

Mr/Mrs/Ms/Miss/...

1.2. Names denoted by Initials:

1.3. Date of Birth:

d	d	m	m	y	y	y	y

1.4. Age:

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1.5. Civil States:

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1.6. Permanent Address:

Tel:	Fax:	E-mail:

1.7. Business Address:

Tel:	Fax:	E-mail:

1.8. Address for Communication:

Tel:	Fax:	E-mail:

1.9. National Identity Card Number:

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Note: The Applicant should notify any changes in Address, Telephone Numbers etc. to the Association. All correspondence will be directed to the last communication address given by the Applicant.

2.0 DETAILS OF EDUCATION

2.1 General Education:

From		To		Schools Attended	Highest educational level reached (OL/AL)
yy	mm	yy	mm		

2.2 Technical/Professional Education:

From		To		University/Technical College/Institution	Course of Study
yy	mm	yy	mm		

2.3 Other Qualifications:

From		To		Degree/Diploma/Certificates/Memberships of Professional Institutions	
yy	mm	yy	mm	University/Institution	Award Gained

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3.0 EMPLOYMENT HISTORY

3.1 Summary of the Applicant's career:

From		To		Employer		Position Held
yy	mm	yy	mm	Name	Description	

3.2 Special Training (In Service):

From		To		Institution/Establishment	Nature of training
yy	mm	yy	mm		

4.0 DECLARATION:

I declare that the statements on this form and in any accompanying documents are true and accurate. If successful at the Interview I wish to be admitted as an Associate member/Probationer of the Association of Practising Quantity Surveyors & Estimators – Sri Lanka and if elected I agree to be bound by Bye-laws, Codes, Professional Ethics and Regulations of the Association of Practising Quantity Surveyors & Estimators – Sri Lanka, for the time being and by any subsequent amendments and/or alterations thereto.

I understand that progression in membership depends not only upon my complying with the Association's academic requirements but also upon my acquiring practical experience of a satisfactory nature, duration and level, stated in the Membership Regulations.

Date: Signature of Applicant.

5.0 NOMINATORS' DECLARATION:

(Signatures are required of two nominators who are Founder Members or Members of the Association of Practicing Quantity Surveyors & Estimators – Sri Lanka)

5.1 We, the undersigned, from our personal knowledge of the Applicant, consider him/her to be a fit and proper person to be a **Associate Member/Probationer** of the Association of Practicing Quantity Surveyors & Estimators – Sri Lanka, and hereby nominate him/her for such admission.

5.1.1 Signed: Date:

Name (In block letters):

Class of Membership: Membership No:

5.1.2 Signed: Date:

Name (In block letters):

Class of Membership: Membership No:

(The Association reserves the right to contact nominators for additional information)

2.0 FOR OFFICE USE ONLY

(a). Application No. [] Date Received: []

(b). Fees Received: Rs. [] Date: [] Receipt No. []

(c). Originals of the Certificates tally with the Copies submitted by the Applicant.

..... Date: []
Chairman, Membership Committee.

(d). Recommended for the election as an **Associate Member/a Probationer**.

(e). Membership Number Allocated: []

Recommended by:

..... []
Chairman. Council Member. Council Member. Date.

(f). Details of Membership Subscription payments:

Amount Paid: Rs. [] Date: [] Receipt No. []

(g). **Approved by the Council of Management.**

..... []
Hony. Secretary. 4 President. Date.

