



ASSOCIATION OF PRACTICING QUANTITY SURVEYORS & ESTIMATORS - SRI LANKA

Registered No. G(A) 355

36/1, Anderson Road, Kalubowila, Dehiwala, Sri Lanka.

Tel:/ Whatsapp: 94-778-42 43 44,

E-mail: info@apqsesrilanka.com

Web – www.apqsesrilanka.com

**FORM
MA**

Membership Number

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For Office Use Only

APPLICATION FOR UPGRADING TO THE GRADE OF FELLOW / CORPORATE MEMBER / ASSOCIATE MEMBER

(This form to be typed, 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:

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1.3. Date of Birth:

1.4. Age:

1.5. Civil States:

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1.6. Permanent Address:

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| | | |
| Tel: | Fax: | E-mail: |

1.7. Business Address:

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| | | |
| 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 | | |
| | | | | | |
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| | | | | | |
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2.2 Technical/Professional Education:

| From | | To | | University/Technical College/Institution | Course of Study |
|------|----|----|----|------------------------------------------|-----------------|
| yy | mm | yy | mm | | |
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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 | |
| | | | | | | |
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3.2 Special Training (In Service):

| From | | To | | Institution/Establishment | Nature of training |
|------|----|----|----|---------------------------|--------------------|
| yy | mm | yy | mm | | |
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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 Practicing 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 Practicing 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.