

Institute of Quantity Surveyors, Sri Lanka

INCORPORATED BY AN ACT OF PARLIAMENT (ACT NO. 20/2007)

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APPLICATION FOR ASSOCIATE MEMBERSHIP [UNDER SPECIAL (TEMPORARY) PROVISION]

Category under which the Application is made

Α	В	С	D

1. Pe	rsonal Details			
1.1	Name with Initials: (Prof. /Dr. /Mr. /Mrs. /Miss)			
1.2	Surname:			
1.3	Other Names:			
1.4	Date of Birth (DD/MM/YYYY):			
1.5	National Identity Card No:			
1.6	Affix a recently taken Colour Photograph and attach an additional copy with your name written on back of the photo.		Affix your Photo	
1.7	(i) Permanent Address in Sri Lanka: (ii) Telephone Residence:			
1.8	Contact Telephone	Residence	Mobile	Office
1.9	Communication Details: (All correspondence will be sent to the address and/or to the email mentioned here)	Address: Email:	1	
1.10	Present Occupation:			

1.11	Office Address:							
1.12	Office Contacts:		Telephone	Fax	Email			
			L Membership (To r Registered or Te					
2.1	2.1 Membership No:							
2.2	Me	mbershi	p Grade:					
2.3 Year enrolled in the present Membership Grade:						_		
2.4			Paying Membersh	nip	Year:	Year:		
	Sub	scriptio	n		Amount Paid:	Amount Paid: Rs.		
					Receipt No:	Receipt No:		
					Date of Payme	Date of Payment:		
3. Ed	ucati	onal Qu	alifications (Attac	hed photo	copies of Degree/	/Diploma/0	Certificate)	
Qua	ualification Specialisation Uni		University/Institu	te Year	Duration			
								_
								_
			ualifications (Attac stitutions)	ched photo	copies of Membe	ership Certi	ificates issued by	
Institu	Institute Membership Grade			Year obtained		membership was obtained mination/Viva)		
								_

(Please li	• •	ments starting with the most reconal paper referring to this head	•		
Year	Employer	Designation/Position	Responsibilities		
1001		2 co.g.nation, 1 contion	- responsionates		
 7. Special noteworthy assignments, presentations, achievements or activities (If space is inadequate, you may use additional paper referring to this heading): 					
8. Declaration	on:				
I certify that the information and particulars I have given in making this application are true and accurate. I also agree that the Governing Council of the Institute of Quantity Surveyors, Sri Lanka (IQSSL) has the final authority to decide on my membership and if selected to fully abide by the Rules, Regulations, By-laws and Code of Ethics of the IQSSL.					
Signature	of the Applicant:				
Date:					

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nd į	propose him/her to the Gov	m careful enquiry as in every respect worth of election verning Council of the IQSSL as a proper and suitable cociate Membership of IQSSL.
(1)	Name of Proposer	
	Membership Grade	
	Membership No.	
	Signature	
	Organisation and Address	
	Contact No.	
(2)	Name of Seconder 1	
	Membership Grade	
	Membership No.	
	Signature	
	Organisation and Address	
	Contact No.	
(3)	Name of Seconder 2	
	Membership Grade	
	Membership No.	
	Signature	
	Organisation and Address	
	Contact No.	
(4)	Name of Seconder 3	
	Membership Grade	
	Membership No.	
	Signature	
	Organisation and Address	
	Contact No.	

9. Schedule to be completed by the Proposer and Seconders (2 Fellow Members and 3

(5) Name of Seconder 4	
Membership Grade	
Membership No.	
Signature	
Organisation and Address	
Contact No.	

Note:

If the applicant is unable to complete the above schedule due to non-availability of required number of Fellow members and/or Associate members, particularly within the countries outside Sri Lanka, he/she may fill names and other information of known Fellow members and Associate members residing in Sri Lanka and attach their letters of recommendation to the Application.

Email, Fax or Scanned Copies are acceptable. The Letter of recommendation must be in the same format as above and addressed to the Secretary of Institute of Quantity Surveyors Sri Lanka.