



# INSTITUTE OF QUANTITY SURVEYORS SRI LANKA

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

The Professional Centre, 2<sup>nd</sup> Floor, No.275/75, Prof. Stanley Wijesundara Mawatha, Colombo -07.

Tele/Fax. -0094-112 595570, E-mail. [igssl@slt.net.lk](mailto:igssl@slt.net.lk). Web: [www.igssl.lk](http://www.igssl.lk)

## Application for Board/ Subcommittee Membership

### Notes

1. Applicants for the **Board Membership** shall be in **Fellow or Associate membership categories**.
2. Applicants for the **sub-committees** under main Boards shall be open to **All membership categories**.
3. All Applicants shall be permanent **local residents**.

1. Name with Initials: - Prof./Dr./Mr./Mrs./Ms.		
2. Surname:-		
3. Current Membership Category		
6. Indicate the Board/ subcommittees you wish to apply for. [Rank with No 1 for the most preferred Board you would like to serve and No 2 to the next board (1-7). Do the same for the Sub-committee you would prefer to serve. ]		
<b>Board Name</b>	<b>Main Board</b>	<b>Subcommittee</b>
a) Professional Affairs Board (PAB)*		
b) Membership Affairs Board (MAB)		
c) Board of QS Education and Training (BQSET)*		
d) Board of Publication (BQSP)*		
e) Finance Affairs Board (FAB)		
f) Public Relation and Welfare Board (PRW)*		

\* **Applicable** including for sub committees

7 Memberships in previous Boards/ sub committees		
Board Name	From Year	To Year
Professional Affairs Board ( <b>PAB</b> )		
Membership Affairs Board ( <b>MAB</b> )		
Board of QS Education and Training ( <b>BQSET</b> )		
Board of Publication ( <b>BQSP</b> )		
Finance Affairs Board ( <b>FAB</b> )		
Public Relation and Welfare Board ( <b>PRW</b> )		
<b>Subcommittees [ Please State Below]</b>		

**Declaration**

I certify that information and particulars given above are true and accurate. I also agree that Council of IQSSL has the discretion to decide on appointment to any Board and/or subcommittee.

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Signature

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Date

**FOR OFFICE USE ONLY**

1. Date of receipt - .....

2. Remarks by the Admin officer - .....

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3. Comments by the Council-.....

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4. Recommendation .....