

THE HONG KONG INSTITUTE OF SURVEYORS

APPLICATION FOR MEMBERSHIP

Note:

- (1) Professional membership of the HKIS is open to persons who are at least 21 years of age, being a corporate member of a recognized professional body with at least one year relevant local experience, or a probationer or an associate member having satisfied the relevant APC.
- (2) This application form must be subscribed by 4 corporate members of HKIS one of whom must be a Fellow.
- (3) The non-refundable application fee of \$1970, together with the first annual subscription fee of \$1970 (= \$3940 payable to “The Hong Kong Institute of Surveyors”) must be included with this application.
- (4) Applications from probationers of the Institute need only pay the difference in annual subscription (i.e. \$1970 – \$790 = \$1180) and the net fee payable with this application is \$1970 + \$1180 = \$3150.
- (5) Applications from associate members of the Institute need only pay the difference in annual subscription (i.e. \$1970 – \$1200 = \$770) and the net fee payable with this application is \$1970 + \$770 = \$2740.

<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		
Interviewed on			Recommended		
Remarks:			Not Recommended		
Tabled at BOM			Result notified		
DIVISION			MEMBERSHIP NO.		

To the Honorary Secretary, HKIS

I declare that I have not been convicted in Hong Kong or elsewhere of any offence which may bring the profession into disrepute, and I further declare that I have not committed misconduct or neglect in a professional respect.

I hereby submit my application for admission to professional membership 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		HKID No. (Attach a copy for verification.)	Date of Birth
Correspondence address			
Contact telephone no.		Email address	
Current Employment and address		Position	Since
Brief Description of relevant experience			
Previous Employment		Position	Since
Brief Description of relevant experience (If current employment is less than 1 year)			
Particulars of Membership of Recognized Professional Body (Documentary evidence must be submitted for verification.) (The applicant will be subject to an admission interview.)			
Professional Body			
Membership Grade and Division			Date of Admission
Particulars of Assessment of Professional Competence			
I am a Probationer of _____ Division admitted on (date) _____ (Mem. No. _____)			
I am an Associate of _____ Division admitted on (date) _____ (Mem. No. _____)			
I have satisfied the requirements of the relevant APC on (date) _____			
Subscription by 4 Corporate Members (All subscribers should be members of the same Division as the applicant.) (Not more than 2 subscribers should be from the same organization.)			
Full Name & Division	Full Name & Division	Full Name & Division	Full Name & Division
Membership Grade & No. Fellow	Membership Grade & No.	Membership Grade & No.	Membership Grade & No.
Organization	Organization	Organization	Organization
Signature	Signature	Signature	Signature
Date	Date	Date	Date

(Note: Subscribers may be required to testify the suitability of the applicant for admission.) (Revised May 2022)