



MEMBERSHIP APPLICATION

Name :	
Address :	
Phone : Fax:	
Email :	
Date of birth :	
Qualifications :	Trade/Professional (attach copies of certificates) 1 2 3 4
Experience/ Background/CV:	(Relevant practical and supervisory roles) 1 2 3 4
Name and Contact of two Character Referees or Sponsors :	(attach copies) 1 2

Please enclose the following in electronic format with your application :

References	<input type="checkbox"/>	Experience/Background	<input type="checkbox"/>	Declaration	<input type="checkbox"/>
Condition report	<input type="checkbox"/>	Qualifications	<input type="checkbox"/>		
Defect Resolution Report	<input type="checkbox"/>	Current Work Verification	<input type="checkbox"/>		
\$168.75 Application fee (non refundable)	<input type="checkbox"/>	Professional Associations	<input type="checkbox"/>		

In forwarding this application for membership I declare that I am free from any claims for negligence or any matters of financial restraint or associated problems that could prejudice my meeting the standards required of a member of the Institute.

Signed :..... Date

Office Use Only

Application received

All information complete

Committee reviewed

Interview held

Initial Membership Grade

Transitional	Student