



NIGERIAN INSTITUTE OF QUANTITY SURVEYORS

The professional construction cost managers.

No. 24, NIQS Crescent, Off Michael Ama Nnachi Crescent, Cadastral Zone B6, Mabushi District, Abuja, Nigeria
P.O.Box 10689 Garki, Abuja. Tel: 08028303346, 08167593807

Liaison Office: "Victor Akan House" 17/19 Idowu Taylor Street, Victoria Island, P.O. Box 2666 Marina Lagos 01-8988099, 08137399669
Email: info@niqs.org.ng Website: www.niqs.org.ng



APPLICATION FOR MEMBERSHIP UPGRADE (PROBATIONER)

*All sections of this form must be duly completed in Block letters

1	SURNAME:		TITLE:	
2	OTHER NAMES:			
3	POSTAL ADDRESS			
4	RESIDENTIAL ADDRESS			
5	E-MAIL ADDRESS:		6. TEL NO:	
7	DATE OF BIRTH	8. NATIONALITY		
9	MEMBERSHIP GRADE:		10. MEMBERSHIP NO:	

11 QUALIFICATIONS:

A. ACADEMIC (Submit Copies of Certificates)

INSTITUTION	EXAMINATION PASSED

B. 'O' LEVEL SUBJECTS (WAEC/NECO/SSCE/NABTEB)

SUBJECTS	GRADE	SUBJECTS	GRADE	SUBJECTS	GRADE
(MANDATORY)		(Any Two Minimum)		GEOGRAPHY	
ENGLISH		CHEMISTRY		TECHNICAL DRAWING	
MATHEMATICS		FURTHER MATHS		BIOLOGY	
PHYSICS		ECONOMICS			
		COMMERCE			

C. PROFESSIONAL (Submit Copies of Certificates)

PROFESSIONAL BODY	STAGE OF EXAMINATION PASSED

12 MEMBERSHIP OF OTHER PROFESSIONAL BODIES

--

13 WORKING EXPERIENCE

EMPLOYER'S NAME/ADDRESS	DATE	POSITION HELD	DUTIES

14 PRESENT EMPLOYER'S COMMENTS

--

SIGNATURE :

DATE :

15 LIST SEMINARS/WORKSHOPS ATTENDED -IF ANY (Submit Copies of Certificates)

TITLE	DATE	ORGANISED BY	CPD UNITS

16 DECLARATION

I, _____

*PLEDGE TO CONDUCT MYSELF
STRICTLY IN COMPLIANCE WITH THE RULES OF CONDUCT AND TO ABIDE BY THE LAWS OF THE
NIGERIAN INSTITUTE OF QUANTITY SURVEYORS AND AS MAY BE AMENDED THEREAFTER.*

SIGNATURE

DATE

17 REFEREES: NOTE * THE ORIGINAL CERTIFICATES MUST BE SIGHTED BEFORE ATTESTATION BY SIGNING ON THE PHOTOCOPIES
(TWO REFEREES MUST BE FINANCIAL QUALIFIED MEMBERS OF THE INSTITUTE)

i

NAME (IN FULL):	
MEMBERSHIP GRADE:	MEMBERSHIP NO:
SIGNATURE:	DATE:
TEL NO(S)	E-MAIL

ii

NAME (IN FULL):	
MEMBERSHIP GRADE:	MEMBERSHIP NO:
SIGNATURE:	DATE:
TEL NO(S):	E-MAIL

STATE CHAPTER CHAIRMAN / SECRETARY

(ONLY CHAIRMAN OR SECRETARY SHOULD SIGN THIS PORTION)

NAME:

STATE:

E-MAIL:

DESIGNATION:

DATE:

TEL NO:

SIGNATURE:

FOR SECRETARIAT USE ONLY

		DATE	INITIALS
1	APPLICATION FORM RECEIVED		
2	APPLICATION FORM ACKNOWLEDGED		
3	APPLICATION FORM PASSED TO MEMBERSHIP CTTEE		
4	RECOMMENDATION TO THE EXECUTIVE COUNCIL		
5	APPROVAL BY EXECUTIVE COUNCIL		
6	NOTIFICATION OF APPROVAL		
7	ENROLMENT FEE RECEIVED		
8	MEMBERSHIP NUMBER		
9	PUBLISHED IN "THE QUANTITY SURVEYORS"		

MEMBERSHIP COMMITTEE : APPROVED NOT APPROVED

COMMENT:

CHAIRMAN- MEMBERSHIP COMMITTEE

SECRETARY- MEMBERSHIP COMMITTEE