

# INSTITUTE OF BOTSWANA QUANTITY SURVEYORS

## APPLICATION FOR MEMBERSHIP

(Please write clearly in capitals)

INSTITUTE OF BOTSWANA QUANTITY SURVEYORS (IBQS)

WEB: <http://www.ibqs.co.bw/>

FB GROUP: IBQS – Institute of Botswana Quantity Surveyors

TEL: 310 1353

EMAIL: [secretary@ibqs.co.bw](mailto:secretary@ibqs.co.bw)

P.O.BOX 3368

GABORONE

### 1.0 PERSONAL DETAILS

- 1.1 Surname .....
- 1.2 First Names .....
- 1.3 Date of Birth .....
- 1.4 Nationality .....
- 1.5 Name of Business .....
- Postal Address .....
- Physical Address .....
- Tel No: .....
- Fax No: .....
- Email: .....

### 2.0 TYPE OF MEMBERSHIP APPLIED FOR

(Please tick the appropriate places)

- 2.1 Full membership under
  - Either clause 7 (b) (i) .....
  - Or clause (b) (ii) .....
- 2.2 Associate membership under clause 7 (c) .....
- 2.3 Student membership under clause 7 (d) .....

(Please refer to Clause 7 (Membership) of the Constitution of the Institute of Botswana Quantity Surveyors for amplification of the various membership types.)

### 3.0 ACADEMIC & PROFESSIONAL RECORDS

3.1 For Student Membership only: College/University being attended and level of studies, give dates:

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.....  
.....  
.....  
.....  
.....

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3.2 For other types of membership: University or College attended, give dates:

.....  
.....

3.3 Title of Course studied:

.....  
.....

3.4 Course content:

.....  
.....

3.5 Date of qualification/graduation: .....

3.6 Professional qualifications (Membership of Institutes, Registration bodies, etc

Give dates:

.....  
.....

No application will be considered unless original or certified copies (by Police District Commissioner Lawyer) of degree certificates, membership certificates etc... are submitted for scrutiny. Where certificates are in languages other than English a certified translation is required.

## 4.0 PRACTICAL EXPERIENCE

Dates	Name and address of Employers	Position Held	Name of Work Undertaken
1.			
2.			
3.			
4.			
5.			

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## 5.0 DECLARATION

I declare that I have read the Constitution and the Regulations of the Institute of Botswana Quantity Surveyors. I undertake to be bound by them and in particular to observe faithfully the Rules of Conduct of the Institute.

Name: ..... Signature: ..... Date: .....

**Proposer:** .....

Membership No: .....

Signature: ..... Date: .....

**Secunder:** .....

Membership No: .....

Signature: ..... Date: .....

## 6.0 SUBSCRIPTION RATES

	<b>JOINING</b>	<b>ANNUAL</b>	<b>TOTAL SUBSCRIPTION</b>
	P t	P t	P t
6.1 Full Membership	100.00	500.00	600.00
6.2 Associate Membership	100.00	350.00	450.00
6.3 Student Membership	30.00	150.00	180.00

Applications will not be considered unless they are accomplished by a remittance (Joining Fee plus Annual Subscription plus Cost of a copy of the Constitution).

### FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: .....

REMITTANCE RECEIVED BY: .....

DATE PRESENTED TO COMMITTEE: .....

DECISION: .....

DATE APPLICANT INFORMED: .....

REGISTRATION NUMBER: .....

REMARKS: .....

## NOTES TO APPLICANTS

The following are required with each application for membership:-

1. The form properly completed
2. Your remittance for the type of membership being applied for:

Full membership	P600 + P20 for a copy of the constitution
Associate membership	P450 + P20 for a copy of the constitution
Student membership	P180 + P20 for a copy of the constitution

3. Photocopies of your certificates duly certified as true copies or signed by a member of the Committee having seen the original and where necessary translated into English and certified accordingly.
4. \* Application to be signed and dated by proposer and seconder who must be full members of the Institute.
5. The Declaration on page 3 to be signed and dated by the applicant.
6. The Executive Committee may request for additional information/documents deemed necessary for the processing of any application.