



Chartered Institution of CIVIL ENGINEERING SURVEYORS

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 Email: applications@cices.org Website: www.cices.org

FOR OFFICE USE	ICES103 / 2009
List	
Number	
Membership No	
Check List	

Student Member Application Form

Completed form must be returned to the above address
 Please check that you have completed ALL SECTIONS IN BLOCK CAPITALS

Have you made any previous application for membership of the institution? **Yes / No**
 (If yes please give details)

For office use: Date Stamp

SURNAME			ALL FORENAMES			MR	MRS	MS	MISS	OTHER
						Please tick			Please specify	

DATE OF BIRTH	Day	Month	Year	NATIONALITY

HOME ADDRESS (correspondence will normally be directed to this address) Postcode: Phone / Mobile: Email Address:	TERM TIME ADDRESS Postcode: Phone / Mobile: Email Address:
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COURSE DETAILS: Free student membership is ONLY available to those on ICES accredited courses (Full and Part time)

UNIVERSITY/COLLEGE ATTENDED:	Start Date	mm	<input type="text"/>	<input type="text"/>	yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Expected Completion Date	mm	<input type="text"/>	<input type="text"/>	yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

COURSE TITLE:	Sandwich Year								
	Start Date	mm	<input type="text"/>	<input type="text"/>	yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Completion Date	mm	<input type="text"/>	<input type="text"/>	yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF AWARD: eg. BSc Quantity/Land Surveying	DISCIPLINE: (delete as appropriate) <ul style="list-style-type: none"> • GEOSPATIAL ENGINEERING SURVEYING • COMMERCIAL MANAGEMENT
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DECLARATION: I, the undersigned, hereby apply for the admission to the Chartered Institution of Civil Engineering Surveyors and agree, if admitted, to be covered by the Articles of Association and Bye-Laws of the institution as now formed or as they may be thereafter legally altered. **If accepted into membership of the institution, I agree that records may be stored electronically and used for administration purposes.**

SIGNATURE:	DATE:

COURSE LEADER'S DECLARATION: From personal knowledge of the candidate, I can confirm that the information contained in this application is correct to the best of my knowledge and belief.

SIGNATURE:	POSITION:
INITIALS AND NAME:	DATE: