



**1. PERSONAL INFORMATION**

TITLE (MR/MRS/MS/DR):		RICS CANDIDATE #:	
FULL NAME (FIRST/MIDDLE/LAST):			
CORRESPONDENCE EMAIL:			
<b>BUSINESS ADDRESS</b>			
EMPLOYER:			
TITLE:			
STREET:		APT/SUITE:	
CITY:	STATE/PROVINCE:	ZIP/POST CODE:	
COUNTRY:			
<b>CORRESPONDENCE ADDRESS (IF DIFFERENT)</b> <i>We will send all mail to this address.</i>			
STREET:		APT/SUITE:	
CITY:	STATE/PROVINCE:	ZIP/POST CODE:	
COUNTRY:			
<b>ADDITIONAL INFORMATION</b>			
DATE OF BIRTH (MM/DD/YYYY):		GENDER:	
NATIONALITY:		NATIVE LANGUAGE:	
DAYTIME PHONE:	MOBILE:	FAX:	

Nature of your employing organization *(please check the appropriate box)*:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Private Practice           | <input type="checkbox"/> Consultant                 | <input type="checkbox"/> Finance/Commerce                      |
| <input type="checkbox"/> Central/Federal Government | <input type="checkbox"/> Building/Civil Engineering | <input type="checkbox"/> Sole Practitioner                     |
| <input type="checkbox"/> Local Government           | <input type="checkbox"/> Property Development       | <input type="checkbox"/> Other <i>(please specify)</i> : _____ |
| <input type="checkbox"/> Education                  | <input type="checkbox"/> Commercial/Industrial      |  |

How did you learn about RICS?

- |  |  |
|--|--|
| <input type="checkbox"/> RICS Member: _____          | <input type="checkbox"/> RICS Communications: _____            |
| <input type="checkbox"/> RICS Chapter: _____         | <input type="checkbox"/> Employer: _____                       |
| <input type="checkbox"/> RICS Event/Education: _____ | <input type="checkbox"/> Other <i>(please specify)</i> : _____ |



**2. MEMBERSHIP OF THE CANADIAN INSTITUTE OF QUANTITY SURVEYORS**

CIQS MEMBERSHIP NUMBER:
IN WHAT YEAR DID YOU JOIN CIQS (AT ANY GRADE):
IF YOU HOLD/HELD THE CEC/ECC DESIGNATION, PLEASE LIST THE YEARS OF MEMBERSHIP: _____ UNTIL _____
IF YOU HOLD THE PQS/ECA DESIGNATION, PLEASE LIST THE YEAR IN WHICH YOU QUALIFIED FOR THIS DESIGNATION:

**3. MEMBERSHIP OF PROFESSIONAL ORGANIZATION(S)**

Please give details of the credentialed professional organizations in which you hold active membership, other than CIQS. RICS may ask for copies of all certificates of membership.

NAME OF ORGANIZATION	GRADE	HOW MEMBERSHIP WAS ACHIEVED (e.g. examination)	DATE ACHIEVED

**4. ACADEMIC QUALIFICATIONS**

Please list any Diploma, Bachelor’s, Master’s, Doctorate or Post-graduate Diplomas you have gained. RICS may request copies of all relevant diplomas.

UNIVERSITY/INSTITUTION <i>(please include country)</i>	DEGREE OR DIPLOMA TYPE <i>(e.g. BS, MBA, Diploma)</i>	DEGREE OR DIPLOMA TITLE <i>(e.g. Constuction Management)</i>	TYPE OF STUDY <i>(full time, part time, placement year, flexible study)</i>	DATE STARTED	DATE COMPLETED



**5. PROFESSIONAL DISCIPLINES: AREA OF EXPERTISE**

RICS members represent a broad cross-section of land, property and built environment. RICS Professional Disciplines are responsible for:

- Defining standards of competence and practice
- Promoting and accrediting post-entry specialist qualifications
- Setting criteria for entitlement of Members to use alternative designations (i.e. Chartered Quantity Surveyor)
- Providing training, development and networking opportunities
- Commissioning technical research
- Providing relevant material and services, and
- Promotion and representation

What is your RICS area of expertise? *(please identify below)*

<b>PRIMARY PROFESSIONAL DISCIPLINE</b>	
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**6. PROFESSIONAL DISCIPLINES: AREAS OF INTEREST**

You are encouraged to designate three other RICS professional disciplines as areas of interest and/or expertise. Please note these in rank order '2', '3', '4'.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Antiques & Fine Arts                | <input type="checkbox"/> Environment                   | <input type="checkbox"/> Planning and Development        |
| <input type="checkbox"/> Building Control                    | <input type="checkbox"/> Facilities Management         | <input type="checkbox"/> Project Management              |
| <input type="checkbox"/> Building Surveying                  | <input type="checkbox"/> Geomatics                     | <input type="checkbox"/> Property Finance and Investment |
| <input type="checkbox"/> Commercial Property                 | <input type="checkbox"/> Management Consultancy        | <input type="checkbox"/> Residential Property            |
| <input type="checkbox"/> Construction and Quantity Surveying | <input type="checkbox"/> Machinery and Business Assets | <input type="checkbox"/> Rural                           |
| <input type="checkbox"/> Dispute Resolution                  | <input type="checkbox"/> Minerals and Waste Management | <input type="checkbox"/> Valuation                       |

More information about the RICS Professional Disciplines can be found at: <http://www.rics.org/pathway>

**7. MEMBER COLLECTION NOTICE**

**Member administration**

As a member you consent to RICS using the information you provide for the purpose of administering your membership and delivering official member communications to you including, but not limited to, member news, policy, conduct, research and subscriptions communications by post, email and telephone. Member business details are available to the public through the RICS directory, website and in published conduct findings.

**Member offers**

RICS and its subsidiaries and affiliated businesses\* may also use the information you provide to contact you with offers of products and services and may share your information with carefully selected third parties who may send you offers of their products and services which they believe may be of interest to you.

- I do not wish to receive offers from RICS and its affiliates
- I do not wish to receive third party offers
- I am happy to receive these offers by email

\*For a full list of RICS subsidiaries and affiliated businesses, contact RICS Americas.



**8. DISABILITY DECLARATION**

I CONSIDER MYSELF DISABLED AND GIVE FURTHER DETAILS HERE:

**9. CANDIDATE'S DECLARATIONS**

I have read the following and hereby undertake:

- To comply and act in accordance with the Charter, Bye-Laws, Regulations and Rules of RICS as they now exist, or as they may in the future be amended, and also comply with such other requirements as Governing Council shall determine
- To promote the Objects of RICS as far as in my power
- Not at any time after ceasing to be a member to use or permit to be used in conjunction with my name, or name of any organization with which I may at any time be associated, any designation or expression denoting or suggesting membership or any connection with RICS
- To pay promptly any monies due to RICS, including but not limited to any fee, subscription, levy, arrears, fine or other penalty, or re-imbusement in accordance with any scheme of compensation, or in respect of any goods or services commissioned by me from RICS
- To declare any criminal conviction within 30 days
- That should I wish to terminate my membership, to notify the Chief Executive in writing (via the RICS Americas office by email at [ricsamericas@rics.org](mailto:ricsamericas@rics.org)).

Please confirm that you have disclosed to RICS full details of the following where applicable:

- any charge or conviction of a criminal offence where the penalty could be imprisonment, unless it is now a spent conviction as provided in the Rehabilitation of Offenders Act 1974 or the equivalent in your jurisdiction
- any pending disciplinary proceedings or adverse findings made against you by another regulatory body within the last three years
- Whether you are an undischarged bankrupt, or within the last three years have been subject to any insolvency proceedings or other arrangement with creditors in respect of your debts (such as an Insolvency Voluntary Arrangement).

If at any time RICS discovers that you have failed to disclose any of the above or that you have provided false information it will have the right to terminate your membership with immediate effect (with no further obligation to refund any subscription or other fees).

I understand and accept that I am accountable for the truth of this declaration.

CONFIRMATION OF ANY DISCLOSURES:

*(If you wish to send this information confidentially then please write to RICS Regulation at [regulation@rics.org](mailto:regulation@rics.org))*

CANDIDATE'S SIGNATURE:

DATE:

NAME (IN BLOCK CAPITALS):

**10. DIPLOMA**

Print your name in clear block letters as you would like it to appear on your diploma, if elected.

FIRST:

MIDDLE:

LAST:



**11. FEES REQUIRED WITH THIS APPLICATION**

If you have been a member of CIQS for over ten years, and have held the PQS/ECA for 5+ years, you may be eligible for MRICS.

DESCRIPTION - ELECTION TO MRICS	IN BRITISH POUNDS	IN US DOLLARS
<b>2010</b> Subscription* (today – December 31, <b>2010</b> )	£366.00	\$691.34
Application & Election Fees - one time	£342.70	\$647.45
<b>TOTAL DUE</b>	<b>£708.76</b>	<b>\$1,338.78</b>

If you hold the CEC/ECC designation, or are a PQS/ECA with less than ten years CIQS membership and/or less than five years as a PQS/ECA, you may be eligible for AssocRICS.

DESCRIPTION - ELECTION TO AssocRICS	IN BRITISH POUNDS	IN US DOLLARS
<b>2010</b> Subscription** (today – December 31, <b>2010</b> )	£0.00	\$0.00
Application & Election Fees - one time	£211.76	\$400.00
<b>TOTAL DUE</b>	<b>£211.76</b>	<b>\$400.00</b>

\*Subscriptions are subject to change annually; RICS does not pro-rate subscriptions. Rates may be reduced for members located outside the United States and Canada.

\*\*On January 1, 2011 a full subscription fee of approximately \$400 US will be charged covering Jan 1 - Dec 31 2011

<b>REFERRAL CODE (optional):</b>	
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**12. PAYMENT**

Payment of the fee can be made by:

- Check made payable to 'RICS Americas'. Please add your RICS candidate number to your check
- Credit card (MasterCard or VISA preferred – please see form below)

CANDIDATE NAME:	RICS CANDIDATE #:		
CARD HOLDER NAME, IF DIFFERENT:			
BILLING ADDRESS:	<input type="checkbox"/> Business address	<input type="checkbox"/> Correspondence address	<input type="checkbox"/> Other, listed below
<b>BILLING ADDRESS IF DIFFERENT FROM BUSINESS OR CORRESPONDENCE ADDRESS</b>			
STREET:		APT/SUITE:	
CITY:	ZIP/POST CODE:	STATE/PROVINCE:	
COUNTRY:			
DAYTIME PHONE NUMBER:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
CREDIT CARD NUMBER:	CVC:	EXPIRATION DATE (MM/YY):	
Upon the approval of my application for membership, I authorize RICS to charge my credit card in the amount detailed above.			
SIGNATURE:		DATE:	

**Please save this document to your computer with 'Last Name First Name - RICS CIQS Application Form' and email with a copy of your resume to [ricsamericas@rics.org](mailto:ricsamericas@rics.org)**

**-or-**

**fax to +1 212 847 7401**

**Your application will be acknowledged by email within five business days.**