



Institution of CIVIL ENGINEERING SURVEYORS

Registered Office:

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E-mail: training.membership@ices.org.uk Website: www.ices.org.uk

FOR OFFICE USE ICES103

List

Number

Membership No

Check List

Student 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

MISS

Other

Please tick

Please specify

DATE OF BIRTH

Day

Month

Year

NATIONALITY

HOME ADDRESS (correspondence will normally be directed to this address)

Postcode:

Telephone:

E-mail address:

TERM TIME ADDRESS

Postcode:

Telephone:

E-mail address:

COURSE DETAILS: Free student membership is ONLY available to those on ICES accredited or other approved courses.

UNIVERSITY/COLLEGE ATTENDED:

Start Date: mm yyyy

Expected Completion Date: mm yyyy

COURSE TITLE:

Sandwich Year

Start Date: mm yyyy

Completion Date: mm yyyy

NAME OF AWARD: (e.g. BSc Quantity/Land Surveying)

DISCIPLINE: (delete as appropriate)

GEOSPATIAL ENGINEERING/COMMERCIAL MANAGEMENT

DECLARATION: I, the undersigned, hereby apply for admission to the Institution of Civil Engineering Surveyors and do agree, if admitted, to be covered by the Articles of Association and the Bye-laws of the Institution as now formed or as they may be hereafter legally altered. **If accepted into membership of the Institution, I agree that my membership records may be stored electronically and used for administration purposes.**

SIGNATURE:

DATE:

If accepted into membership of the Institution of Civil Engineering Surveyors, please print my name on the diploma in the following manner:

(eg J. M. Smith, Jim M Smith, James Smith etc)

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: