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|  | Institution of Surveyors of Uganda“Survey For Development”APPLICATION FORM FOR TECHNICIAN MEMBERSHIP*3rd Floor Suite 12**Christeve House Nkrumah Rd.**P.O. Box 2122, Kampala**Uganda**Telephone: …0414 -251258**Email isusecretariat@yahoo.com*[*www.surveyorsuganda.com*](http://www.surveyorsuganda.com) |  |

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RETURN TO: The Hon. Secretary 1 current

 Institution of Surveyors of Uganda passport

 P.O. Box 2122 photo

 Kampala

APPLICATION FOR TECHNICIAN MEMBERSHIP

**By a person of eligible qualification or professional standing and being a person residing and practicing in Uganda**

Surname (Prof/ Dr/Mr/Mrs/Ms) …………………………………………………

Other Names (in full) ………………………………………………………………………………

Address ……………………………………………………………………………………

 Tel………………………… email …………………………………………….

Date of Birth.………………………………………………………………………………………….

Discipline of Surveying……………………………………………………………………………….

Nationality………………………………………………………………………………………………

Current work place……………………………………………………………………………………

I hereby apply to be elected to Technician Membership of the INSITITUTION OF SURVEYORS, and in support to my application give the following information on sheets 1-3 for consideration by the Council.

I enclose certified copies of my Certificates.

Signature……………………………… Date……………………………………..

1

SUPPORTING INFORMATION (SHEET 1)

1.0 EMPLOYMENT RECORD (*Please enter relevant dates in the format of* dd/mm/yyyy)

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| From | To | Firm/ Company/ Institution | Position Held |
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2.0 PROFESSIONAL EXPERIENCE:

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**3.0 SUPPORTING INFORMATION (SHEET 2)**

**MEMBERSHIP OF ANY PROFESSIONAL INSTITUTIONS AND SOCIETIES**

(*Please enter relevant dates in the format of* dd/mm/yyyy)

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| **From** | **To** | **Professional Institution/Society** | **Membership Held** |
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**4.0** **ACADEMIC QUALIFICATIONS/ PROFESSIONAL TRAINING** (*POST PRIMARY ONLY)*

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| **From** | **To** | **Institution** | **Qualification Obtained** |
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**5.0** **SUPPORTING INFORMATION (SHEET 3)** Please note the following;

**PROPOSERS & SECONDERS**

1. *Should be of the same discipline of surveying as the applicant & of the membership class being applied for or higher.*
2. *At least one should be your supervisor.*

**PROPOSED BY:-**

1. FULL NAME……………………………………………….………………………………………

QUALIFICATIONS……………………………………….……………………………………….

ADDRESS…………………………………………………………………………………….……..

 Tel……………………………………..email…………………………………………

SIGNATURE………………………………………DATE………………………………………..

**SECONDED BY:-**

1. FULL NAME……………………………………………….………………………………………

QUALIFICATIONS……………………………………….……………………………………….

ADDRESS…………………………………………………………………………………….……..

 Tel……………………………………..email…………………………………………

SIGNATURE………………………………………DATE………………………………………..

**(*SHOULD BE ISU MEMBERS*)**