

|  |  |  |
| --- | --- | --- |
|  | 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) |  |

|  |  |
| --- | --- |
|  |  |

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)

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Firm/ Company/ Institution | Position Held |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

2.0 PROFESSIONAL EXPERIENCE:

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

2

**3.0 SUPPORTING INFORMATION (SHEET 2)**

**MEMBERSHIP OF ANY PROFESSIONAL INSTITUTIONS AND SOCIETIES**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Professional Institution/Society** | **Membership Held** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**4.0** **ACADEMIC QUALIFICATIONS/ PROFESSIONAL TRAINING** (*POST PRIMARY ONLY)*

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Institution** | **Qualification Obtained** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

3

**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*)**