



APPLICATION FOR MEMBERSHIP (All Fields are Mandatory)
(Please read the Selection Criteria posted in our Website before applying)

SOCIETY OF SRI LANKAN QUANTITY SURVEYORS - QATAR

Affiliated with
Embassy of the Democratic Socialist Republic of Sri Lanka
Web: www.slqsqatar.org
Email: info@slqsqatar.org

Affix Photograph

Place a Close-up
Photograph here

INFORMATION IN GENERAL

1	Name in Full				
2	Preferred Name(s)		Marital status (Single/Married)		
5	Present Address				
6	Phone Numbers	Mobile		Others	
8	Qatar ID Number				
9	E-mail Address				

ACADEMIC QUALIFICATION (RELATED TO QUANTITY SURVEYING)

10	Qualifications (Degree/Diploma/Certificate)		Field	
11	University/Institution		Year of Completion	
12	Professional Qualifications (MRICS(QS), MIQSSL, MAIQS, Etc.)			

EMPLOYMENT DETAILS

10	Company Name		Land Line(s)	
11	Company Address			
12	Current Designation			

SRI LANKAN CONTACT DETAILS

14	Address				
15	Phone Numbers	Land Line		Mobile	

Declaration of the Applicant: I hereby certify that the information and particulars I have given in making this application form are true and accurate. I agree to fully abide by the Constitution, Rules and Regulations of the Society.

Signature of Applicant		Date	
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Obligations of Proposer and Seconder: As an accountable member of SLQS-Qatar, we highly expect that you will act with integrity. It is the sole obligation of the proposer and seconder to verify all the information before signing on this application.

Declaration of Proposer and Seconder: By signing here as the Proposer or the Seconder I hereby confirm that the information and particulars provided by the Applicant are true and accurate. It is understood and agreed that if it is found that any misrepresentation (submission of fraudulent details/documents, and such) by the Applicant **will be a cause for suspension of the Proposer's and Seconder's existing memberships with SLQS-Qatar (As per the Constitution).**

Proposer (Full Name)		SLQS Member No			
Mobile No		Company		Signature	
E-mail :					
Seconder (Full Name)		SLQS Member No			
Mobile No		Company		Signature	
E-mail :					

Official use only

Payment Receipt No and Date		Mem. No		Signature of Secretary	
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