

Mapping Sciences Institute, Australia



ACN 004 301 811
ABN 53 004 301 811

Membership Application Form

Reg No.....

Surname:..... Given Names:.....
 Postal Address Unit Number: Street NO & Name:.....
 or P O Box..... Suburb:..... Postcode:.....
 State:..... Country:.....
 Telephone (include area code) :..... Email:.....
 Date of Birth:.....
 Present Employer:.....

Academic Qualifications

This statement must include particulars and dates (in chronological order) of three most recent academic qualifications held. If the space below is inadequate, a supplementary statement should be forwarded. Scanned copies of certificates, diplomas, degrees etc. to be sent with electronic application or paper copies of certificates, diplomas, degrees etc. to be enclosed if application is being forwarded by post.

Year Completed	Institution	Course Completed or being Undertaken

Professional Experience

This statement must include particulars and dates (in chronological order) of technical training and professional engagements undertaken. If space below is inadequate a supplementary statement should be attached.

Date	Employer	Position Held	Nature of Duties

I, the undersigned candidate for admission or re-grade to the Mapping Sciences Institute, Australia, declare that the above information is, to the best of my knowledge, true and correct in all details.

In the event of being admitted I agree to observe the whole of the Articles of the Institute now in force or as they may be hereafter from time to time altered or enlarged; Provided that, whenever I shall signify in writing to the Secretary that I desire to withdraw from the Institute, I shall, after payment of any arrears of subscriptions, which may be due by me at the time, be free from this obligation.

Signature of candidate.

Date:

Sign if forwarding paper copy or scanned copy otherwise type in name if submitting electronic copy.

Have you attached your document copies (email or post)?

Have you completed everything?

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Institute Use. National Application Management

Application Received:	Receipt of Application Acknowledged:
Approval of Application registered:	Member notified:
Invoice sent to Member:	Copy of invoice to National Treasurer:
Certificate produced for posting:	

Membership Applications

Forward your membership application by completing the above form and email copy to the Manager, Membership.

or

complete form and print out a copy, scan form and your qualifications etc and email to manager.membership@mappingsciences.org.au

or

post your completed application in hardcopy paper form with necessary supporting documentation to

The Manager, Membership,
Mapping Sciences Institute, Australia
GPO Box 1817
BRISBANE QLD 4001