



Membership Application for Enrolment as a Student Surveyor (Associate Trainee)

Section 1 Personal Details

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First Name					
Surname					
Address 1					
Address 2					
Town					
County					
Eircode					
Mobile Number					
Phone Number					
Email Address*					
Date of Birth					
*All communications will be sent by email					
Undertaking I wish to be enrolled as a student of the Society and hereby agree if enrolled to observe the requirements for students as specified from time to time by the SCSI.					
On being admitted to the grade of student, I undertake not to use, or permit to be used in conjunction with my name, or with the name of any firm or practice with which I may currently be associated, any designation or expression whatsoever denoting or suggesting membership or attachment to the Society.					
Signature:	Date:				





Section 2 Academic Details

Please complete this section.								
Name of Third Level Institute:								
Title	Title of SCSI/ RICS accredited Degree (undergraduate or postgraduate):							
Please provide a letter or a picture of your valid student card from your college authorities confirming your enrolment on the above course.								
Dat	e of Commencement:	Date of Completion (Expected):						
Mode of Study:								
l wi	Fulltime Parttime Placement Distance sh to register for one of the following profess:	ional groups:						
	Building Surveying Commercial Agency Facilities Management Geomatics Minerals and Waste Management Planning and Development Quantity Surveying Residential Agency Rural Valuations							
Section 3 Employer's Declaration (Where relevant)								
Name of Company: Job title:								
Address of Company:								
Office Phone:								
Fax:								
Office Email:								