



application for student membership

Part 1 Personal Details

Surname											Title		
First Name(s)													
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address													
Address													
Address													
Address													
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of College or University													
Address													
Address													
Degree Course Title (Must be full-time)													
Start Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expected Graduation Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Tel											Please indicate preferred contact telephone number	<input type="text"/>	
Mobile Tel												<input type="text"/>	
Email												<input type="text"/>	

Please indicate your main interest (Please tick one option only)				Please indicate your choice of APS regional group (Please tick one option only)			
<input type="checkbox"/>	Architect	<input type="checkbox"/>	Construction management	<input type="checkbox"/>	Scotland North	<input type="checkbox"/>	East Midlands
<input type="checkbox"/>	Architectural technologist	<input type="checkbox"/>	Contractor	<input type="checkbox"/>	Scotland East	<input type="checkbox"/>	East Anglia
<input type="checkbox"/>	Building surveyor	<input type="checkbox"/>	Developer	<input type="checkbox"/>	Scotland West	<input type="checkbox"/>	London
<input type="checkbox"/>	Building services design	<input type="checkbox"/>	Planning/building control	<input type="checkbox"/>	Northern Ireland	<input type="checkbox"/>	South East England
<input type="checkbox"/>	CDM co-ordination	<input type="checkbox"/>	Project management	<input type="checkbox"/>	Northern England	<input type="checkbox"/>	South West England
<input type="checkbox"/>	Civil engineering	<input type="checkbox"/>	Quantity surveyor	<input type="checkbox"/>	Yorkshire	<input type="checkbox"/>	South Central England
<input type="checkbox"/>	Construction client	<input type="checkbox"/>	Specialist contractor	<input type="checkbox"/>	North West England	<input type="checkbox"/>	Isle of Man
<input type="checkbox"/>	Construction health & safety	<input type="checkbox"/>	Structural engineering	<input type="checkbox"/>	Wales	<input type="checkbox"/>	Overseas
<input type="checkbox"/>	Other (please complete):	<input type="text"/>		<input type="checkbox"/>	Midlands	<input type="checkbox"/>	

Part 2 Declaration

I declare that:			
<ul style="list-style-type: none"> The information provided is true and accurate; I will accept that the decision on my application is based on the information provided by me and that the decision of the membership team is final. 			
Signature			Date