

APPLICATION

FREE STUDENT MEMBERSHIP



Are you studying in a spatial or surveying course?

Are you studying full-time at uni or a technical institute?

Do you want to take the next step to build your career?

What do I get?

- A head start in your career
- Our monthly e-newsletter **Geo Message**
- Great deals on accommodation, travel, fuel cards and much more
- Discounted student rates at all SSSI events, workshops and conferences
- Access to all areas of the SSSI website
- Employment opportunities through **Spatial Jobs** online
- Network with **Young Professionals**
- Mentoring and coaching by SSSI professionals

APPLICATION FOR FREE STUDENT MEMBERSHIP

(Student members must be enrolled for full time study at a university or technical institute and renew on an annual basis with a certification from the institute that you are still in full time study)



PERSONAL DETAILS

FAMILY NAME: _____ Mr Mrs Miss Ms (Please circle) Other _____
GIVEN NAMES: _____ PREFERRED NAME: _____
ADDRESS: _____
STATE: _____ POSTCODE: _____ COUNTRY: _____
TELEPHONE NO: _____ FAX NO: _____ MOBILE NO: _____
EMAIL: _____ DATE OF BIRTH: _____

UNIVERSITY

UNIVERSITY OR COLLEGE: _____ UNIVERSITY STUDENT ID: _____
RELEVANT COURSE OF STUDY: _____
DATE COMMENCED: _____ EXPECTED DATE OF GRADUATION: _____

SSSI REGION: You will be allocated to the SSSI Region in which you reside. Please elect another Region if preferred: _____

PROFESSIONAL STREAM: Please indicate one professional stream as reflected by your study:

- () LAND SURVEYING () ENGINEERING & MINING SURVEYING () HYDROGRAPHY
() SPATIAL INFORMATION & CARTOGRAPHY () REMOTE SENSING & PHOTOGRAMMETRY

Statement by Educational Institution: (MUST be completed)

Expected course completion date: _____

I certify that _____ is a **full-time** student in _____
(Name) (Course title)

..... (Name/position held in institute) (Contact no or email)

..... (Sign) (Date)

APPLICANT'S DECLARATION I declare that all information I have provided in this application form is true and accurate and that I am a full-time student. I agree that if this application is accepted by the Surveying & Spatial Sciences Institute, I will read and conform to the Constitution, By-Laws and Code of Ethics of the Institute as published on the SSSI Website.

SIGNATURE: _____ DATE: _____

Submission:

The Membership Officer
Surveying and Spatial Sciences Institute
PO Box 307
DEAKIN WEST
ACT 2600 AUSTRALIA

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