

SURVEYING & SPATIAL SCIENCES INSTITUTE

SPECIAL CONSIDERATION APPLICATION FORM



Personal Details

SSSI Member ID: _____ Date of Birth: _____ Title (Dr/Mrs/Mr/Ms): _____
Last Name: _____ First Name: _____

Contact Details

Address: _____

City: _____ State: _____ Postcode: _____ Country: _____

Mobile: _____ Home Phone: _____

Please indicate your preferred phone for contact regarding your membership: Mobile Home

Email: _____

Information

Please note the current details of your special consideration (e.g. illness of yourself or family member, maternity leave, long term unemployment etc), including expected duration and why you would like to maintain your SSSI membership in this time:

Declaration

I confirm I understand:

- I may be offered alternative payment options (e.g. monthly instalments) or a waiver of fees
- that the decision is at the discretion of the SSSI Membership Sub-Committee and all decisions are final
- if my fees are waived, I am not required to undertake CPD activities to maintain membership during this period
- I understand I am still eligible to vote at elections and participate on SSSI Committees as allowed by the Constitution and my membership grade
- I acknowledge that I will continue to comply with the SSSI Constitution and Code of Ethics ([click here to see](#)).

Signature: _____

Date: _____

Submission and more information

Please email the completed form to membership@sssi.org.au. Please don't hesitate to contact us if you have any questions on phone 02 6282 2282 or email membership@sssi.org.au.