



APPLICATION FOR MEMBERSHIP

I hereby apply for Membership of the Institute:

FULL NAME:		
MARITAL STATUS: MR / MRS / MISS		DATE OF BIRTH (D-M-Y):
COMPANY:		E-MAIL:
TITLE:	TEL:	FAX:
WORK ADDRESS:		
CATEGORY:		
HOME ADDRESS:		TEL:
NATIONALITY:		
PREFERRED MAILING ADDRESS: BUSINESS () HOME ()		
DETAILS OF PROFESSIONAL QUALIFICATION:		
A) NAME OF ORGANISATION:		
B) ADDRESS:		
C) DATE OF ADMITTANCE:	REG / MBR NO:	
MEMBERSHIP IN OTHER ACCOUNTANCY BODIES:		
A) NAME OF ORGANISATION:		
B) ADDRESS:		
C) DATE OF ADMITTANCE:	REG / MBR NO:	
OTHER QUALIFICATIONS:		
NAME TO BE PLACED ON MEMBERSHIP CERTIFICATE:		

I undertake to be bound by the provisions of the By-laws and rules of the Institute on admittance as a member. Please find inclosed payment in the amount of:

\$230.00 (VAT inclusive) Admission Fee (non-refundable)
 PLUS \$345.00 (VAT inclusive) Annual Subscription Fee- if applying before 30 June
 OR \$172.50 (VAT inclusive) Annual Subscription Fee- if applying after 30 June

Please indicate total amount enclosed: \$ _____.

SIGNATURE:	DATE:
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FOR OFFICIAL USE ONLY		
ACKNOWLEDGED:	CONFIRMATION OF GOOD STDG RCVD:	
DATE OF COUNCIL MEETING:	APPROVED: YES / NO	MBR#:
ACCEPTANCE LETTER SENT:	ADMISSION FEES PAID: \$	
DATE MEMBER COLLECTED CERTIFICATE	DATE:	RCPT NO:
DATE ICAB HANDBOOK / IFRS COLLECTED	DATE CPE GUIDELINES COLLECTED:	
SIGNATURE:	SIGNATURE:	