

# Application for Membership Registration

Please complete in block capitals using a ballpoint pen

Title  Mr  Mrs  Miss  Ms  Other

Surname

First name(s)

Address

Postcode  Daytime telephone number

Date of birth  Email address

## Grade of membership applied for:

- Member in Practice  Associate in Practice
- Member in Employment  Associate in Employment
- Affiliate  Subscriber
- Student

## Membership Fees

Type of Membership	Membership Fee per annum (incl GST)	Monthly Membership Fee (incl GST) * (either from your credit card or bank account)
<b>Application Fee</b>	<b>\$ 75.00</b>	<b>Due and payable upon application for all Affiliate, Associate and Member applicants</b>
Member in Practice	\$480.00	\$40.00
Member in Employment	\$360.00	\$30.00
Associate in Practice	\$432.00	\$36.00
Associate in Employment	\$312.00	\$26.00
Affiliate	\$264.00	\$22.00
Subscriber	\$120.00	n/a
Student	\$120.00	n/a

\* By electing to pay your annual membership monthly, you **MUST** commit to 12 monthly payments

\*\* All members in practise **MUST** hold a current Professional Indemnity Insurance



# Application form continued

Persons wishing to apply for membership through work experience should submit names and contact details of two qualified accountants (ICAA, ASCPA, NIA, ATMA, TIA or CIMA) who are willing to support their application.

Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode:	<input type="text"/>	Postcode:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>

**OR**

- I wish to sit the online General Bookkeeping assessments

**OR**

- I am applying for an exemption with recent qualifications  
A copy of my qualifications (under two years old) is attached to this application

## Method of payment

### Payment by Cheque

Please find enclosed my cheque for \$  made payable to ICB Australia

### Payment by Credit/Debit Card

Please debit the following Debit/Credit Card with \$

Type of Card:  Visa  Mastercard

Card Number

Expiry Date

 / 

CVC Number

Signature  
of cardholder

Date

Please send your completed application form, together with supporting documentation and payment to:

**The Membership Department, The Institute of Certified Bookkeepers,  
Level 27, Rialto South Tower, 525 Collins Street, Melbourne 3000, Australia**

Annual subscriptions cover a full twelve month period commencing on the first day of the month immediately after the month that an application is approved and thereafter fall due on the first day of that month in each successive year unless written termination of membership is received at least two months before the end of the current subscription year.

I hereby apply for election to membership of the Institute of Certified Bookkeepers at the appropriate grade and confirm that the details supplied in this application are correct to the best of my knowledge. I have read and, if elected to membership, agree to abide to the Institute's Rules of Professional Conduct.

Signature

Date