THE INSTITUTE OF CERTIFIED BOOKKEEPERS

# Application for election to membership

Please complete both pages in block capitals using a ballpoint pen

Title ❒ Mr ❒ Mrs ❒ Miss ❒ Ms ❒ Other

First Name _____

Surname _____

Address _____

_____

Suburb _____ State _____ Postcode _____

Contact Number _____ Date of Birth _____

Email address _____

Grade of membership applied for:

❒ Member in Practice
❒ Member in Employment
❒ Affiliate
❒ Associate in Practice
❒ Associate in Employment
❒ Student

**Membership Fees**

| Level of Membership | Annual Membership Fee (GST inc.) | Monthly Membership Fee (GST inc., either from your credit card or bank account) |
|---|---|---|
| Application Fee | $ 75.00 | Due and payable upon application for Affiliate, Associate & Member applicants |
| 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 |
| Student | $120.00 | n/a |

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

** All members in practice **MUST** hold a current Professional Indemnity Insurance

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

| | | | |
|---|---|---|---|
| Name: | | Name: | |
| Address: | | Address: | |
| | | | |
| State: | | State: | |
| Telephone | | Telephone | |
| Email: | | Email: | |

**OR**

❑ I wish to the sit the ICB online General Bookkeeping Assessments

**OR**

❑ I am applying for an exemption with a recent qualification

A copy of my qualification (under two years old) is attached to this qualification

## Method of payment (Membership fee and Application fee)

**Credit Card details**

❑ Visa ❑ MasterCard ❑ Full Amount ❑ Monthly (Application fee to be paid in full)

Card Number: ……

Expiry Date: …… CVC: ……

Signed: ……

**Or please debit my bank account**

❑ Full Amount ❑ Monthly (Application fee to be paid in full)

BSB:…… Account Number: ……

Account Name: ……

Signed: ……

I hereby apply for 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

Level 27, Rialto South Tower
525 Collins Street
Melbourne 3000

**Phone: 1300 85 61 81**
**Fax: 1300 85 73 93**
**Email: admin@icb.org.au**
Web: www.icb.org.au
ABN 20 115 901 945

THE INSTITUTE OF CERTIFIED BOOKKEEPERS