

## Application for Election to Membership

### PLEASE USE BLOCK CAPITALS

Forename(s)

Surname

Address

Post Code/Zip Code

Home Telephone

Mobile Telephone

Home Email


### A DECLARATION

- 1 I HEREBY APPLY for election to Membership of the Chartered Institute of Public Finance & Accountancy having successfully completed the CPA Australia programme and gained three years relevant work experience recognised by CIPFA:
  - (a) Date of notification of successful completion \_\_\_\_\_.
  - (b) CPA Membership Number \_\_\_\_\_.
  - (c) I enclose documentation e.g. a CV, which evidences my work experience over at least the last three years and my current employment role.
  
- 2 I UNDERTAKE, if elected,
  - (a) Observe the provisions of the Royal Charter and of the Bye-Laws and Regulations of the Institute for the time being in force;
  - (b) Observe the ethical and technical guides to conduct, principles or rules from time to time established or approved by the Institute;
  - (c) Provide promptly and willingly such cooperation and assistance, as I am able, if asked to do so by the Institute in pursuance of its duties;

**Section A Continued:**

(d) To participate in CIPFA's Continuing Professional Development (CPD) and meet the minimum requirements of the scheme by participating at **Level 1** or **Level 2** (*please delete whichever is not applicable*) for the CPD Year from \_\_\_\_\_ to \_\_\_\_\_ (e.g. July to June). *Refer to accompanying notes.*

3 In order for my application form to be processed I enclose the required application fee, which must be in sterling, of £\_\_\_\_\_ (*credit card details can be submitted on the reverse of the form*).

4 I accept that a condition of CIPFA membership is that I retain membership of CPA Australia.

5 I understand and accept that CPA Australia and CIPFA will share my personal information for the purposes of managing my memberships.

6 Date of application \_\_\_\_\_ Signature \_\_\_\_\_

**B COMPETENCE & FITNESS**

1 Are there any matters reflecting your competence or fitness of which the Institute ought to be aware? This includes, but is not limited to:

Any conviction in the UK (which is not a 'spent' conviction with the meaning of the UK Rehabilitation of Offenders Act 1974) or elsewhere under equivalent legislation, other than a motoring offence not resulting in disqualification

- Failure to satisfy a judgement debt in the UK or equivalent in other jurisdictions.
- An adverse finding against you by a professional body or regulator.
- Any act or default which prejudicially affects the status, reputation or welfare of the Institute.
- Any act or default likely to bring discredit upon you, your employer, the Institute or the profession of accountancy.

**Yes**  If yes, please give details on a separate sheet of paper.

**No**

2 Have you been declared bankrupt in the UK or elsewhere?

*If so, please provide details with this application. If yes, but the bankruptcy has been discharged, please enclose a copy of your certificate of discharge.*

**Yes**  If yes, please give details on a separate sheet of paper.

**No**

3 Have you entered into a composition with creditors or a deed of arrangement for the benefit of creditors in the UK or entered into equivalent arrangements outside the UK?

*If so, please provide details with this application.*

**Yes**  If yes, please give details on a separate sheet of paper.

**No**

*Please note that the Institute may make further enquiries of you and/or third parties in relation to the aforementioned disclosures in order to assess the impact upon your application for membership.*

**C RECOMMENDATION**

**Applications for membership of the Institute under Bye-Law 4 must be supported by the signature of one person who has known the applicant professionally for at least one year prior to application; that person must also ideally be a qualified member of the CCAB or a body recognised by CIPFA such as the CMA or CPA Australia, failing that be the applicant's line manager or the internal auditor of the applicant's employing organisation. The Institute reserves the right to require more than one such reference.**

I, certify that I have known \_\_\_\_\_ for \_\_\_\_\_ years and I recommend him/her as a fit and proper person to be elected to Membership of the Institute.

Name	_____	Membership Number	_____
Signature	_____	Awarding Body	_____
Job Title	_____	Date	_____
Organisation	_____		

**D EMPLOYMENT DETAILS**

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Work Email: \_\_\_\_\_

**Please see overleaf for payment details of your application fee**

**CREDIT CARD PAYMENT DETAILS**

To pay the application fee by credit card please complete the details below. You may also pay your annual subscription with the application fee if it is outstanding.



CARD NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

START DATE *(Maestro cards only)*

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ISSUE NUMBER *(Maestro cards only)*

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EXPIRY DATE

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NAME ON CARD

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AMOUNT

£	
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SIGNATURE OF CARDHOLDER

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DATE

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*All payments must be made in sterling.*

**Please note that a receipt will be issued following approval of your membership.**

The information given on this form will be used by CIPFA to administer and manage your membership and will be held on our database. From time to time we may send you information regarding CIPFA Group products and services, but CIPFA will not sell or pass on your details to third parties without your consent.

***You may also submit a cheque for your application fee, made payable to CIPFA***

If you have any queries about the completion of the form please contact the Membership Administrator on 020 7543 5646 or email [membership@cipfa.org](mailto:membership@cipfa.org)

Please photocopy & return the original copy of this form to:

**Membership Operations Department  
3 Robert Street  
London WC2N 6RL**