

Membership Fees

Membership fees are due 1 July each year. In the first year of membership, fees are paid as a percentage of the annual fees based upon the month of application. New applicants must also pay the nomination fee and any other fees prescribed by the IPA. Please refer to the IPA website www.publicaccountants.org.au/levels for full details of categories of membership.

Admission to: AIPA MIPA FIPA Mr Mrs Miss Ms Other, please state _____

Given name _____ Family name/Surname _____

Preferred name _____ Gender Male Female Date of birth ____ / ____ / ____

Please write your full name as you would like it to appear on your certificate (e.g. JOHN DAVID SMITH) _____

Please complete this address panel using BLOCK LETTERS

Home address _____ Business name _____

Suburb/Town/City _____ Business address _____

Province _____ Postcode _____ Suburb/Town/City _____

Country _____ Province _____ Postcode _____

Home phone _____ Country _____

Mobile _____ Business phone _____ Business fax _____

Home email _____ Business email _____

Preferred mailing address Home Business Preferred email Home Business

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Have you previously been a member of the IPA? If yes, what was your previous Member ID _____ Yes No

Are you currently registered on the IPA Student Register? If yes, what was your Student Registration number _____ Yes No

Has the IPA assessed your qualifications for immigration purposes? If yes, state your QAI reference number _____ Yes No

Have you ceased to be a member of any professional body? Yes+ No

Have you ever been refused admission to the IPA or any other professional body? Yes+ No

Have you any criminal convictions? Yes+ No

Have you been the subject of an unfavourable decision by a professional body and/or a Regulator? Yes+ No

* Please provide details in a signed attachment.

Tertiary qualifications

QUALIFICATION	EDUCATION INSTITUTION	DATE AWARDED
_____	_____	___ / ___ / ___
_____	_____	___ / ___ / ___
_____	_____	___ / ___ / ___

Business experience (Where space is insufficient please include extra details in a signed attachment.)

EMPLOYMENT HISTORY	NAME OF EMPLOYER	FROM	TO
Present position _____	_____	___ / ___ / ___	___ / ___ / ___
Previous positions _____	_____	___ / ___ / ___	___ / ___ / ___
_____	_____	___ / ___ / ___	___ / ___ / ___
_____	_____	___ / ___ / ___	___ / ___ / ___

Membership of other professional bodies (Attach certified copy of current membership certificate and copy of current paid invoice.)

PROFESSIONAL BODY	MEMBERSHIP STATUS	FROM	TO
_____	_____	___ / ___ / ___	___ / ___ / ___
_____	_____	___ / ___ / ___	___ / ___ / ___
_____	_____	___ / ___ / ___	___ / ___ / ___

