



Overseas Member Application

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/become-a-member/membership-pathways for full details of categories of membership.

Admission to: OAIPA OMIPA OF	FIPA OMr OMrs OMiss OMs OOther, please sate					
Given name	Given name Family name/ Surname					
Preferred name	Preferred name Gender O Male OFemale Date of Birth					
Please write your full name as you w	vould like it to appear on your membership certificate:					
Please complete this address	panel using BLOCK LETTERS					
Home address	Business name					
Suburb/Town/City	Business address					
State Pos	stcode Suburb/Town/City					
Country	State Postcode _					
Home phone	Country					
Mobile	Business phone Business fax _					
Home email	Business email					
Preferred mailing address OHome	e OBusiness Preferred email O Home OBusiness					
Please refer to the IPA website www.details.org/www.details.org/www.details.org/	v.publicaccountants.org.au/become-a-member/membership-path	ways for full				
	e IPA? If yes, what was your Member ID?nt register? If yes, what is your Student Registration number?	O Yes O No O Yes O No				
Has the IPA assessed your qualifications for in	mmigration purposes? If yes, state your QAI reference number	O Yes O No				
Have you ceased to be a member of any profe Have you ever been refused admission to the Do you have any criminal convictions? Have you been the subject of an unfavourable Please provide details in a signed attach	IPA or any other professional body? e decision by a professional body and/or regulator?	O Yes O No O Yes O No O Yes O No O Yes O No				
Tertiary Qualifications						
		ATE AWARDED				

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

	WENT HISTORY	NAME OF EMPLOYER	FROM	, 10		
t positio is positio	ons					
				/		
	bership of other profession to paid invoice.)	onal bodies (Attach certified copy of curren	t membership certificate and o	copy of		
ROFES	SIONAL BODY	MEMBERSHIP STATUS	FROM	ТО		
				/		
			1 1	/		
Prono interp Assur	ouncements, IPA Constitution a retations issued by the Accour rance Standards Board (AUAS	nstitute of Public Accountants (IPA) and if and By-Laws, and all standards, guidance ating Professional & Ethical Standards Bos B) and the Australian Accounting Standards are this application form and attachments.	notes and authoritative ard (APESB), the Auditing ds Board (AASB).			
		d on this application form and attachments				
Ü	nent Details		no			
		ude a non-refundable nomination fee.				
()		money order payable to 'Institute of Public	c Δccountants'			
0	•	ex O Mastercard O Visa	57 toodinants			
		Expiry date / _				
			Nomination Fe	Nomination Fee AUD Membership Fee AUD		
Signa	iture	Date / / x Invoice upon payment. Please retain a copy f	TOTAL AUD _			
Appl	ication Checklist					
0	Complete and sign the app	lication form				
0	Attach certified copies* of o	qualification certificates and transcripts				
0	Attach certified copies* of I	d copies* of Membership Certificates from other professional bodies				
0	Attach evidence of paid cu	of paid current subscription of other professional bodies				
0		al copies of employer testimonials^ validating 3 years relevant experience loyed two client statements^				
0	Attach a comprehensive re	hensive resume^				
0	Complete a Professional P	Complete a Professional Practice or Bookkeeping Practice Certificate application form (if applicable)				
0	Include payment/payment	data:la				

The IPA may admit an applicant who applies in writing on this form, pays the prescribed fees for admission and provides suitable certified documentary evidence.

^{*}We require certified true copies of original academic awards, academic transcripts and reference with your application. 'Certified true copy' denotes the verification that your photocopied document is a true copy of the original sighted by any person authorised to verify the authenticity of documentation, such as a Justice of the Peace, or a member of a recognised Professional Body. Where evidence documents were issued to you under a different name, please provide certified true copies of evidence of change of name.

[^] Employment statements and a resume are not required when applying for AIPA membership.