



MEMBERSHIP APPLICATION FORM

1. PERSONAL DETAILS

TITLE SURNAME

GIVEN NAME/S:

PREFERRED FORM GIVEN NAME:

DATE OF BIRTH DAY MONTH YEAR

2. POSTAL/CONTACT DETAILS

ADDRESS

SUBURB STATE POSTCODE

EMAIL

WORK HOME

MOBILE FAX

3. EMPLOYMENT/BUSINESS DETAILS

COMPANY NAME

ADDRESS

SUBURB STATE POSTCODE

POSITION ARE YOU SELF EMPLOYED

4. EMPLOYMENT HISTORY

APPOINTMENT	EMPLOYER	NATURE OF BUS	EMPLOYED FROM	TO

5. TERTIARY QUALIFICATIONS

QUALIFICATION YEAR ATTAINED

PROFESSIONAL ASSOCIATION/BODY	MEMBERSHIP LEVEL	DATE JOINED

6. HOW DID YOU HEAR ABOUT THE CBK?

Referral by member Members Name

CBK Website Direct Mail Other

7. DECLARATION

I hereby declare that:

1. The information supplied in this application form (on all pages and attachments) is true and correct.
2. I have/have not been refused admission to any other Professional Body.
3. I have not had any Statutory Registration or Professional Body membership cancelled.
4. I am not a bankrupt.
5. I understand that this application must be accompanied by the joining fee to cover costs associated with processing the application and I understand that this fee is not refundable under any circumstances.
6. I Authorise the CBK to publish my name in their Newsletter.

NOTE: In the event of any such refusal or cancellation of membership or registration full particulars must accompany this application.

Signature Date

8. DOCUMENTATION TO BE INCLUDED WITH APPLICATION FORM

1. A certified copy of Academic record, showing subject/s passed and qualification awarded if any.
2. Certified copies of Membership Certificates of other bodies.
3. Reference from present employer.
4. Reference as to character.

9. PAYMENT - TAX INVOICE ABN 48 379 719 471 (This becomes a Tax Invoice when completed (GSTR 2000/17))

Enclosed is my cheque for \$

OR

Please Charge \$ to my :

Master Card VISA

Please
select
one
level

<input checked="" type="checkbox"/>	Application Fee \$ 55 .00 (compulsory)	\$55
<input type="checkbox"/>	Affiliate \$ 65.00	
<input type="checkbox"/>	Associate \$ 99.00	
<input type="checkbox"/>	Member \$ 121.00	
<input type="checkbox"/>	Certified Bookkeeper \$ 165.00	
<input type="checkbox"/>	Certified Bookkeeper with Practicing Certificate \$ 275.00	
TOTAL DUE & PAYABLE		\$ <input type="text"/>

Card Number

Expiry Date *CCV

*Credit Check Value - FOR MASTERCARD OR VISA - found on the signature strip on the back of your card. It is the last 3 to four digits following your credit card number. **WE CANNOT PROCESS YOUR PAYMENT WITHOUT THIS NUMBER.**

Cardholders name

Cardholders signature Date

10. SEND COMPLETED APPLICATION TO

Please send your completed application accompanied by payment to the following address:

Membership Applications
Association of Certified Bookkeepers Inc
PO Box 1185
Burwood North, NSW, 2134