

# APPLICATION FOR FULL MEMBERSHIP

## Professional Reference



The person completing this reference must not be related to the applicant and can testify to professional experience having employed or worked with the applicant in a professional capacity for a minimum of 12 months.

Please print in BLOCK LETTERS. Note: this reference must be signed and dated within 3 months of the date the application is submitted.

### Section 1 – Applicant's details

Title  Mr  Mrs  Miss  Ms  Other ----->

Given name/s (in full)  Family name

Membership Number

### Section 2 – Referee's details

Title  Mr  Mrs  Ms  Miss  Other ----->

Full name

Position title  Company name

Company address

Suburb/City  State  Postcode

Country

Email address  Preferred contact phone number

### Section 3 – Declaration

I support and recommend the above mentioned applicant for membership of Chartered Accountants Australia and New Zealand. I attest to the applicant's professional competence and that he/she is of good reputation and a fit and proper person to be admitted to Chartered Accountants Australia and New Zealand. I confirm that I have known the applicant for a minimum of 12 months, that I am not related to the applicant and that all the information supplied above is true.

Signature

Date  /  /

charteredaccountantsanz.com

#### OFFICE USE ONLY

Declaration signed and dated  Dated within 3 months of application