

APPLICATION FOR FULL MEMBERSHIP

Member Reference



CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

The person completing this reference must not be related to the applicant and must have been a member of Chartered Accountants Australia and New Zealand or a recognised professional body for 3 years. A recognised professional body being any Global Accounting Alliance (GAA) body Chartered Accountants Australia and New Zealand has a current Reciprocal Membership Agreement with.

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 Miss Ms Other ----->

Given name/s (in full) Family name

Professional accounting body with which current full membership is held

Professional accounting body member number

Designation Date admitted / /

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 am not related to the applicant and that all the information supplied above is true.

Signature Date / /

charteredaccountantsanz.com

OFFICE USE ONLY

Full member for 3 years Declaration signed and dated Dated within 3 months of application