

Application for full membership

Member Reference

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.

References completed by a recognised professional body must be accompanied by a Letter of Good Standing to verify the date of full membership admission and confirm current membership status. No Letter of Good Standing is required if the membership status and date of full membership admission can be verified via the public member search function of the recognised professional body website.

Note: this reference must be signed and dated **within 3 months** of the date the application is submitted.

Section 1 – Applicant's details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify)	<input type="text"/>
Given name/s (in full)	<input type="text"/>	Surname <input type="text"/>
Membership number	<input type="text"/>	

Section 2 – Referee's details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify)	<input type="text"/>
Given name/s (in full)	<input type="text"/>	Surname <input type="text"/>
Professional accounting body with which current full membership is held	<input type="text"/>	
Professional accounting body member number	<input type="text"/>	
Designation	<input type="text"/>	Date admitted <input type="text"/> / <input type="text"/> / <input type="text"/> <small>(DD/MM/YYYY)</small>
Position title	<input type="text"/>	
Company name	<input type="text"/>	
Company address	<input type="text"/>	Suburb/City <input type="text"/>
State	<input type="text"/>	Postcode <input type="text"/> Country <input type="text"/>
Email address	<input type="text"/>	
Phone number	<input type="text"/>	

[Section 3](#) overleaf >

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.

Please sign and date

Signature

Date

(DD/MM/YYYY)

For assistance in completing the form, please contact us on:

Email assessment@charteredaccountantsanz.com

Phone Australia

1300 137 322 or +61 2 9290 5660 (outside of Australia)
7am-7pm (AEST), Monday-Friday (excl. Public Holidays)

New Zealand

0800 4 69422 or +64 4 474 7840 (outside of NZ)
9am-9pm (NZ time), Monday-Friday (excl. Public Holidays)

Office use only

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