



## Application for Professional Membership

*(Please complete in block capital letters)*

Surname/Family Name .....

Other Names .....

Title *(Please tick the appropriate box)* Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Other *(Please state)*.....

Previous IFA Student Number *(if applicable)*.....

Home Address .....

.....

.....

Postcode .....

Home Telephone Number .....

Email Address .....

Work Address .....

.....

.....

Postcode .....

Work Telephone Number .....

Email Address .....

Trading name of Practice .....

Preferred Address for Correspondence *(Please tick appropriate box above)* Home [ ] Work [ ]

Date of Birth \_\_/\_\_/\_\_

Age \_\_

Nationality.....

Nature of Business .....

Job Title .....

Date of Commencement \_\_/\_\_/\_\_



**Employment History - Please attach:**

- a CV showing your employment history, and
- a current job description confirming the date of commencement

*If self employed, please attach a copy of your letterhead and state how long you have been self employed.*

If you belong to any other professional bodies, please complete the following:

Name of Professional Body	Designatory Letters

DATA PROTECTION ACT 1998: All personal information on this form is held in accordance with the provisions of the Act and may be passed to third parties for the promotion of goods and services. All rights, duties and responsibilities under the Act are acknowledged.

If you do not wish to receive information sent by third parties, please tick. [ ]

If you give your permission for your personal details to be divulged at the request of a bank manager or prospective employer, please tick. [ ]

***If admitted into membership, I undertake to observe the provisions of the Memorandum and Articles of Association, Byelaws and Regulatory System of the Institute of Financial Accountants. I certify that the statements in support of my application are, to the best of my knowledge, true and complete. I have not been convicted of any criminal offence, nor have I been disqualified as a Company Director or a Charity Trustee, and I undertake to advise the Institute immediately should I be so convicted or disqualified. I also declare that I have not been subject to an adverse disciplinary finding from any professional body at any time.***

Signature ..... Date \_\_\_\_/\_\_\_\_/\_\_\_\_

.....  
Please print your name as you wish it to appear on the membership certificate if your application is successful.

**Payment Method**

Annual Subscription Fee = £.....  
Administration Fee = £.....  
Exemption Fee = £.....  
**Total Enclosed/to be debited = £.....**

Payment can be made either by Credit/Debit Card [ ] or Cheque [ ] (made payable to the IFA).

**Credit/Debit Card Details (Please we note we accept the following cards only)**

Visa                  Visa Electron                  Maestro                  Solo                  MasterCard  
Please circle above the type of card

Card number.....

Start Date.....                  Expiry Date.....                  Issue Number (if Applicable).....

3 Digit Security Number \_\_\_ \_\_ \_\_\_ (shown on the signature strip on the reverse of your card)

Name of Cardholder.....

Signature of Card holder.....

**If you require a receipt please indicate here. [ ]**

**Please give your VAT number (if registered for VAT).....**

**Equal Opportunities**

The Institute is committed to providing equal opportunities to all candidates. To check that we are achieving this aim we monitor the personal circumstances of applications and to assist us we ask you to provide the following information about yourself. *(Please tick the relevant boxes below)*

Gender				Male [ ]	Female [ ]
Age	29 + under [ ]	30-40 [ ]	41-50 [ ]	51 – 60 [ ]	60 + over [ ]
Are you currently employed?				Yes [ ]	No [ ]
Are you working full or part-time?				FT [ ]	PT [ ]
Are you self employed?				Yes [ ]	No [ ]
Have you any disabilities or special needs?				Yes [ ]	No [ ]

If you answered *yes* to the question above in regards to disabilities or special needs, please give details bellow;

.....  
.....  
.....  
.....  
.....

Please tick against the description that best fits your ethnic origin.

Asian – British [ ]	Black – Caribbean [ ]	White – British [ ]
Asian – Other [ ]	Black – other [ ]	White – other European [ ]
Bangladeshi [ ]	Chinese [ ]	White – other [ ]
Black – African [ ]	Indian [ ]	Any other [ ]
Black – British [ ]	Pakistani [ ]	

*Thank you for your co-operation in completing these questions.*