

APPLICATION FOR MEMBERSHIP AS PUBLIC BAS PRACTITIONER ustralian Residents Only his application is for Registered BAS Agents seeking admission to the IPA as Public BAS Practitioner Associate members.	PA INSTITUTE OF PUBLIC

Please complete this address panel using BLOCK LETTERS			
Personal Details			
OMr OMrs OMiss OMs Other, please state			
Given name	Family name/Surname		
Preferred name	Gender O Male O Female	Date of birth/_	/
Please write your full name as you would like it to appear on your (If left blank we will use your formal name)	certificate (e.g. JOHN DAVID SMITH)		
Contact Details			
Preferred mailing address			
Suburb/Town/City	State	Postcode	
Please indicate if this address is O Residential or O Business			
Please indicate where we can contact you during business hours:			
Telephone O Mobile	Business O	Home	
Preferred email address			
Alternative email address			
Qualifications and Experience			
BAS Agent Registration no.	Expiry date		
Qualifications			
Please include both fully and partially completed relevant qualification		DATE C	COMPLETED*
eg. ADVANCED DIPLOMA OF ACCOUNTING			
eg. CERTIFICATE IV ACCOUNTING	ATTENDED COLLEGE		////////
			//_
			//_
*The date when all requirements were completed and you became	e eligible to receive the award.	<del></del>	//
Supporting Documents  We may request certified true copies of award certificates and tran	scripts of results for academic qualifications.		
Relevant Experience		la la la man	D.4.0./T
Please provide an estimate of your experience hours gained over the las		ESTIMATED	PERIOD
eg. BK: PREPARATION OF ACCOUNTS AND LODGEMENT OF		780 HOURS	156 WEEKS
eg. BK: PREPARATION OF ACCOUNTS AND LODGEMENT OF	BAS/PAYROLL	308 HOURS	36 WEEKS
			-
You may wish to attach a brief resumé of your experience to assist u	us in assessing your experience and advising pathways	for advancement.	
	us in assessing your experience and advising pathways	s for advancement.	
You may wish to attach a brief resumé of your experience to assist to Current Accumulated CPE Hours**  *This question is optional	us in assessing your experience and advising pathways	s for advancement.	

FOR MEM-072 V2\_SEPT13

## APPLICATION FOR MEMBERSHIP AS PUBLIC BAS PRACTITIONER

This application is for Registered	BAS Agents seeking admission to the IPA as Public BAS Practitioner Associate members.
Professional Services Please indicate the services yo  BAS agent services prescribe	u offer to the public: ed by the Tax Agent Services Act 2009 or the Tax Practitioners Board from time to time or other service I have indicated on this application
O Payroll	O Software customisation and training
O Bookkeeping	Other (provide details
Your business entity:	
Business name	
ABN	
Your interest in the business:	
O Sole trader O Partner	O Director O Shareholder O Other (provide details)
Please provide details of your	current professional indemnity insurance:
Insurer	Policy no Cover end date
O Certificate of Currency and	Schedule (either individual or practice entity policy) attached (required before Public BAS Practitioner certificate can be issued)
O I need to arrange professio	nal indemnity insurance with this application: please authorise the IPA's preferred insurance provider to contact me.
*	
Business address	
Business phone	Business website
Business email	
Languages spoken	
Description of services your bus	iness provides (Max 256 characters)
Declaration	ting at any time by contacting your local IPA Divisional Office on 1800 625 625.

Additional Details

Signature \_

Have you ever been declared bankrupt or insolvent? Have you ever had any criminal convictions within or outside Australia? Have you ever been refused admission to the IPA or any other professional body? Have you been the subject of an unfavourable decision by a professional body and/or a regulator? If you answered yes to any question(s) please provide details on a separate page.

O No O Yes O No O Yes

O No

O No O Yes

FOR MEM-072 V2\_SEPT13

O Yes

## APPLICATION FOR MEMBERSHIP AS PUBLIC BAS PRACTITIONER

Australian Residents Only

This application is for Registered BAS Agents seeking admission to the IPA as Public BAS Practitioner Associate members.



## Declaration

I declare that:

- I have read the Privacy Statement and consent to my personal information being collected, used and disclosed for the purposes outlined.
- If admitted to membership as a Public BAS Practitioner:
  - a. I agree to abide by the IPA Constitution, By-Laws and Pronouncements<sup>2</sup>.
  - b. I will complete the IPA's Public BAS Practitioner Program within 6 months of admission.
  - c. I will not hold myself out as being a principal in a public accounting or tax agent practice, or undertake any public accounting services in my own right other than BAS agent services as prescribed by the Tax Agent Services Act 2009 or the Tax Practitioners Board from time to time or other services I have indicated on this application.
  - d. I will maintain my BAS Agent registration and will inform the IPA if my registration ceases.
  - e. I will maintain adequate professional indemnity insurance and inform the IPA if I cease to do so.

I certify that the information provided on this application form and attachments is true and correct.

Signature Date / /	
Privacy Statement: The Institute of Public Accountants acknowledges the importance of privacy and of safeguarding personal information. Any personal National Privacy Principles and the laws and regulations regarding such matters as are applicable in Australia. The IPA will not collect or monitor any personal disclose to others your personal details without prior authorisation unless: it is required by the law or the courts; it is necessary because of the service you or property of others. This information is being gathered to process your application; you may withhold providing the information but this will make process intended only for the use of the IPA and our approved service providers.  2IPA Constitution, By-Laws and Pronouncements can be viewed at publicaccountants.org.au/aboutus/ipa-rules-and-standards.  3As a requirement of the Tax Agent Services Act 2009 BAS agents must take up and maintain adequate professional indemnity insurance cover as part of	sonal information about you without your consent nor will it use or are using or for a service you have requested; to protect the rights ssing your application difficult. The information requested is
Payment Details Subscription rates are available at publicaccountants.org.au/public-bas To ensure your application can be assessed you must include full payment, including the application fee of AUD140	ABN 81 004 130 643 (if applicable).
O I have enclosed a cheque/money order payable to 'Institute of Public Accountants'	
○ Please charge my ○ Amex ○ Mastercard ○ Visa	
Card number	
Cardholder name	Application Fee AUD140.00 (once only, non refundable)
Signature Date / /	*Public BAS Practitioner
*The annual Subscription Fee (\$599) is levied on a pro-rata monthly basis until the following June. Go to Membership Fees on the Public BAS Practitioner website page to find the link and applicable fee.	Subscription Fee AUD
TAX INVOICE: This form becomes a Tax Invoice upon payment. Total Price includes GST. Please retain a copy for your taxation records	Total AUD
ow did you find out about this offer 🔾 IPA Website 🔘 IPA Magazine 🔘 Social Media 🔘 Seminar Attendance 🔾	A Colleague Other (Please state)

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