



Note: Please complete ALL sections in this application.

A Your personal and business details

Mr Mrs Miss Ms Other, please state _____ Gender: Male Female

Given name _____ Middle name _____ Family name _____

Preferred name _____ Previous name (if changed) _____

Your name for the membership certificate (e.g. John David Smith)

Date of birth ____ / ____ / ____ (mandatory, dd/mm/yyyy)

Your business entity:

Registered business name _____

ABN _____ ACN _____

Website _____

Your interest in the business:

Sole trader Partner Principal Director Shareholder Other: _____

→ **Commencement date** ____ / ____ / ____ (compulsory)

Number of staff: 1 2-5 6-10 11-20 21-30 31-50 51+

Number of clients: 1-50 51-100 101-200 201-300 301-500 501+

Contact details

Home address _____ Principal place of business _____

Postal address _____ Postal address _____

Suburb/Town/City _____ Suburb/Town/City _____

State/Territory _____ Postcode _____ State/Territory _____ Postcode _____

Home phone _____ Business phone _____

Mobile _____ Business fax _____

Home email _____ Business email _____

Preferred mailing address:

Home address Home postal address Principal place of business Business postal address

Preferred email: Home Business

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B More information about you

Have you ceased to be a member of a professional body due to disciplinary action? Yes No

Have you ever been refused admission to the IPA or any other professional body? Yes No

Have you ever had any criminal convictions within or outside Australia? Yes No

Have you been the subject of an unfavourable decision by a professional or regulatory body? Yes No

Have you ever been declared bankrupt or insolvent? Yes No

Note: If you answered Yes to any question(s), please provide details on a separate page with any related official documentation.

C Membership of International Federation of Accountants (IFAC) Member level bodies

Professional body	Membership ID	Country	Admission date	Current member level	Membership paid to
<i>e.g: CA ANZ</i>	<i>12345</i>	<i>Australia</i>	<i>28/01/2009</i>	<i>CA</i>	<i>30/06/2020</i>

Note: Please check if your membership body is one of the IFAC Member level bodies: www.ifac.org/about-ifac/membership/member-organizations-and-country-profiles.

If this is your admission basis, please provide documentary evidence of your current membership with this application (e.g. membership certificate and current membership renewal tax invoice receipt, or a letter of good standing).

D Tax Practitioners Board (TPB) BAS agent registration(s) and qualifications

Individual BAS agent registration no. _____ Expiry date ____ / ____ / _____

Company/Partnership BAS agent registration no. _____ Expiry date ____ / ____ / _____

Qualifications

Please include details of fully completed relevant qualifications below and provide copies of your award certificate(s) and transcript(s) with this application.

Qualification	Major	Institution	Location & country	Date completed*
<i>e.g: Bachelor of Commerce</i>	<i>Accounting</i>	<i>University of NSW</i>	<i>Sydney, Australia</i>	<i>22/10/2011</i>

*The date when all requirements were completed and you became eligible to receive an award.

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E

Professional work experience in accountancy and related fields

From	To	Position title	FT, PT or Casual	Employer name
e.g. 08/06/2012	Current	Partner	FT	Accounting for you
Responsibilities	Tax returns for individual, partnership, or company. Supervising two Accountants.			
Responsibilities				
Responsibilities				
Responsibilities				
Responsibilities				
Responsibilities				

F

Professional services and professional indemnity (PI) insurance

Please indicate the services you offer to the public:

- BAS services prescribed by the Tax Agent Services Act 2009 or the Tax Practitioners Board¹
- Payroll Software customisation and training
- Bookkeeping **Other² (provide details)** _____

Please provide details of your current PI insurance:

Insurer _____ Cover amount \$ _____ **any one claim**

Start date ____ / ____ / _____ Expiry date ____ / ____ / _____

Schedule and Certificate of Currency (CoC) attached³

OR

I need to arrange PI Insurance with this application: please authorise the IPA's preferred insurance provider to contact me.³

¹For more information, visit www.tpb.gov.au/bas-services.

²Depending on services you provide to the public, you may need to apply for a Professional Practice Certificate instead of a Public BAS Practitioner Certificate (membership). Please refer to www.publicaccountants.org.au/membership/ppc/eligibility-and-requirements.

³Applying for PI insurance prior to approval of your membership application is done at your own discretion. However, the IPA will not finalise your membership as a Public BAS Practitioner application until we receive your PI insurance Schedule and CoC. **Please note that the cover amount minimum is \$1,000,000 any one claim, with at least one reinstatement, preferably unlimited reinstatement.**

Note: Did you know that the IPA has a *Find a Public BAS Practitioner* page on our website? If you wish to promote your business on the IPA website, once your Public BAS Practitioner membership is finalised, log into your IPA account and enter your business details on www.publicaccountants.org.au/find-an-accountant.

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G Declaration

I declare that:

- I have read the IPA's membership price list and understand that I will be charged a certificate fee, administration fee and a Public BAS Practitioner membership fee. I understand my first year membership fee is pro rata according to the month in which I join, then annually thereafter due on 1 July - refer to the link in Section I on the next page.
- I understand that by providing the credit/debit card details or cheque details, I am confirming that I have sufficient funds and have authorised for IPA to process all the fees relevant to this application as prescribed in Section I. I also understand that my membership will not become active until the payment has been received by the IPA and I will receive a tax invoice/receipt via email upon successful payment.
- I have read the Privacy Policy⁴ and consent to my personal information being collected, used and disclosed for the purposes outlined.
- I understand that my eligibility for membership will be based on the information and supporting documents that I have supplied for this application.
- I understand that the IPA has an investigations and disciplinary process⁵ to accept written complaints against IPA members. I also understand that as a condition of membership, all IPA members are subject to this investigation and disciplinary process for alleged breaches of the IPA Constitution, By-laws, Pronouncements⁶ and professional and ethical standards.
- If admitted to Public BAS Practitioner membership,
 - a. I agree to abide by the IPA Constitution, By-laws and Pronouncements and all standard setter and regulator rules, guidance statements and authoritative interpretations including, but not limited to those issued by the Accounting Professional and Ethical Standards Board (APESB), the TPB, the Australian Securities and Investments Commission (ASIC), the Australian Accounting Standards Board (AASB) and the Auditing and Assurance Standards Board (AUASB);
 - b. I agree to undertake and keep a record of my continuing professional development activities, meeting the requirements of Pronouncement 7;
 - c. **I agree to complete the IPA's Public BAS Practitioner Program within six months of admission;**
 - d. I agree to maintain professional indemnity insurance that complies with IPA requirements;
 - e. I agree to advise the IPA should I become bankrupt, be charged with any criminal offence or be the subject of an adverse finding by any professional or regulatory body;
 - f. I agree to advise the IPA should there be any business sale, merger, liquidation or litigation; and
 - g. **I understand that I must apply for a Professional Practice Certificate if I offer professional services other than BAS services as prescribed by the Tax Agent Services Act 2009 to the public and my turnover exceeds the tax-free threshold or if I market my professional services to the public.**

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

Full name _____

Signature _____ Date ____ / ____ / ____

⁴For full Privacy Policy and Collection Notice, go to www.publicaccountants.org.au/portal/privacy-and-policy.

⁵For the IPA Complaint Investigation and Member Disciplinary Action information, go to www.publicaccountants.org.au/about/complaint-investigation.

⁶For the IPA Constitution, By-laws and Pronouncements, go to www.publicaccountants.org.au/about/obligations. Failure to comply with these regulations may result in disciplinary action.

H IPA Program

The IPA Program is conducted in association with the Deakin University. This is the IPA's key pathway to professional advancement as well as a great opportunity to obtain a Master of Business Administration (MBA) from Deakin University. Please refer to FAQ 6 or visit www.publicaccountants.org.au/education/ipa-program.

If you would like more information, please tick here. Yes

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Where did you hear about us?

- Contacted by an IPA staff member Magazine Search engine Facebook Twitter
 YouTube LinkedIn IPA website chat box University TAFE Friends
 Work colleague IPA member IPA CPD events Other: _____



Payment details

Your application must include payment of:

- A non-refundable certificate fee of \$105.00 and a non-refundable administration fee of \$55.00; **AND**
- Public BAS Practitioner membership fees payable (see www.publicaccountants.org.au/become-a-member/how-to-apply/fees).

Payment authority

I have enclosed a cheque/money order payable to "Institute of Public Accountants"

OR

Please charge my AMEX MasterCard Visa

Card number _____ Expiry date ____ / ____

Cardholder name _____

Signature _____ Date ____ / ____ / ____

Upon payment, you will receive a Tax Invoice email.

OFFICE USE ONLY

Certificate fee \$105.00

Administration fee \$55.00

Public BAS Practitioner membership fee \$ _____

Total amount due \$ _____

All fees are GST inclusive

Campaign code # _____
(If applicable)

Any questions? Please contact us on 1800 625 625 (9 am – 5 pm (AEST), Monday to Friday).

How to submit your form:

Please scan and email your completed application with required documentary evidence to your local IPA office below.

Contact details for IPA offices

New South Wales & Australian Capital Territory

Street address Level 12, 6 O'Connell Street, Sydney NSW 2000

Postal address GPO Box 4231 Sydney NSW 2001

t (02) 8262 6000 **f** (02) 9251 5201

e nswdivn@publicaccountants.org.au

South Australia & Northern Territory

Street address Level 2, 422 King William Street, Adelaide

Postal address PO Box 6368, Halifax Street SA 5000

t (08) 8227 2255 **f** (08) 8227 1211

e sadivn@publicaccountants.org.au

Victoria

Street address Level 6, 555 Lonsdale Street, Melbourne VIC 3000

Postal address GPO Box 1637, Melbourne VIC 3001

t (03) 8665 3150 **f** (03) 8665 3151

e vicdivn@publicaccountants.org.au

Queensland

Street address Level 11, 300 Queen Street, Brisbane QLD 4000

Postal address GPO Box 2578, Brisbane QLD 4001

t (07) 3034 0900 **f** (07) 3229 8586

e qldivn@publicaccountants.org.au

Tasmania

Street address Level 1, 116 Bathurst Street Hobart TAS 7000

Postal address GPO Box 244, Hobart TAS 7001

t (03) 6231 2097

e tasdivn@publicaccountants.org.au

Western Australia

Street address Level 4, 1008 Hay Street, Perth WA 6000

Postal address PO Box 7309, Cloisters Square WA 6850

t (08) 9474 1775 **f** (08) 9474 2911

e wadivn@publicaccountants.org.au