



Membership Advancement

(A)	Your personal details					
	Member ID		Advancing to: ☐ MIPA	☐ FIPA		
	☐ Mr ☐ Mrs ☐ Miss ☐ Ms	☐ Other, please state	Date of birth	//_	(dd/mm/yyyy	
	Given name	Middle name	Family name			
	Preferred name	Previous na	me (if changed)			
	Your name for the membership certificate (e.g. John David Smith)					
	Current position title	Coi	mpany name			
	Contact details Preferred mailing address (Please indicate if this address is ☐ Residential or ☐ Business)					
	Address					
	Suburb/Town/City	State/Territo	ory Pos	stcode		
	Mobile	Emai	l			
(B)	Basis for advancement					
	Mentored Experience Program: □ completion □ full exemption □ exemption application with this application OR □ Current full Member level membership of an International Federation of Accountants (IFAC) Member level body (www.ifac.org/about-ifac/membership/member-organizations-and-country-profiles) such as CA ANZ or CPA Australia From MIPA to FIPA □ Length as Member level (MNIA, RMIPA, MIPA) years (minimum of seven consecutive years); AND □ Experience (10 years or more experience in accountancy and related fields, the last five years of which are at a senior level)					
	a senior level) OR ☐ Current Fellow level membership of an IFAC Member level body					
C	OR 🗆 IPA Program stage 2 MBA completion plus relevant experience in accountancy and related fields					
	Mentored Experience Program (MEP)					
	The MEP is one of the important requirements for your advancement to MIPA. Please select one of the statements relevant to you and provide documentary evidence.					
	☐ I have already completed the IPA MEP or obtained a full exemption from the IPA MEP in / (mm/yy).					
	☐ I have already completed a practical experience program with CA ANZ or CPA Australia: Please provide documentary evidence.					
	☐ I am applying for an exemption from the IPA MEP with this application: Please provide your resume (or complete Section D) detailing your work experience in the last 10 years or more for assessment.					

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Professional work experience in accountancy and related fields

From	То	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, c	or company. Supervisin	g two Accountants.
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Responsibilities				
Responsibilities				
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Responsibilities				
Responsibilities				•
Responsibilities				

Note: If more space is required, please include additional page.



Declaration

I declare that:

- I have read the IPA's membership price list and understand that I will be charged an advancement fee and a pro-rata difference in subscription fee if required refer to the link in Section **F** 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 **F**. I also understand that my advancement will not be finalised 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 IPA's Privacy Policy* and consent to my personal information being collected, used and disclosed for the purposes outlined.
- I understand that my eligibility for advancement will be based on the information and supporting documents that I have supplied for this application.
- I agree to abide by the IPA Constitution, By-laws, Pronouncements* and 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 Tax Practitioners Board (TPB), the
 Australian Securities and Investments Commission (ASIC), the Australian Accounting Standards Board
 (AASB) and the Auditing and Assurance Standards Board (AUASB).
- 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.
- I understand that I must apply for or hold a PPC if I offer professional services to the public in Australia 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	///

*For more information, go to www.publicaccountants.org.au.

Go to the next page



Your application must include payment of:

- An advancement fee of \$160; AND
- The pro-rata difference in subscription where the fee for your new membership status exceeds your current membership fee (see www.publicaccountants.org.au/become-a-member/how-to-apply/fees).

Payment authority

☐ I have enclosed a cheque/money order payable to "Instit	ute of Public Accountants"
OR	OFFICE USE ONLY
☐ Please charge my ☐ AMEX ☐ MasterCard ☐ Visa	Advancement fee \$160.00
Card number Ex	piry date/ Pro-rata membership fee
Cardholder name	
	Total amount due \$All fees are GST inclusive
Signature Date	// Campaign code # (if applicable)
Upon payment, you will receive a Tax Invoice email	(" applicable)

Checklist

\boxtimes	Please review your application and documentary evidence before submitting your application.	
	Have completed all fields each section including Section E declaration and Section F payment	
	Documentary evidence of further studies (e.g. award certificates and transcripts)	
	[Advancement to MIPA: experience evidence] Documentary evidence of MEP completion or full exemption (or equivalent); OR Documentary evidence of professional work experience in accountancy and related fields for the MEP exemption application (e.g. your current resume, work references, client testimonials or completion of the Section D in the application)	
	[Advancement to FIPA: experience evidence] Documentary evidence of professional work experience in accountancy and related fields (e.g. your current resume, work references, client testimonials or completion of the Section D in the application)	
	Documentary evidence of your membership certificate and a receipt for your current membership renewal payment (or a letter of good standing) from the other IFAC Member level body.	

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

How to submit your application:

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

New South Wales & Australian Capital Territory	Queensland
e nswdivn@publicaccountants.org.au	e glddivn@publicaccountants.org.au
South Australia & Northern Territory	Tasmania
e sadivn@publicaccountants.org.au	e tasdivn@publicaccountants.org.au
Victoria	Western Australia
e vicdivn@publicaccountants.org.au	e wadivn@publicaccountants.org.au