



ASSOCIATION OF ACCOUNTING TECHNICIANS

Membership Application Form

Application for Membership as: Affiliate Member Fellow
 Are you registered with TPB? No Yes - Member No. _____ Expiry Date _____

Personal Details:

Title: Mr Mrs Ms Miss Other _____
 Surname | Family name: _____
 Given name(s): _____
 Preferred name: _____
 Date of Birth: ____ / ____ / ____ Gender: Male Female
 Preferred Postal Address _____
 Town | Suburb _____ State: _____
 Postcode: _____ Country: _____
 Contact number: (____) _____
 Preferred email address: _____

Please notify the AAT immediately if you change your name or address at any stage.

How did you hear about AAT Australia? _____

Qualifications

Qualification (e.g Certificate, diploma)	Educational Institution	Date Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work/Business Experience (where applicable)

POSITION HELD	NAME OF EMPLOYER	PERIOD OF EMPLOYMENT
Present Position _____	_____	_____
Past Position _____	_____	_____

Have you ever been refused admission or asked to leave AAT Australia or any other professional body? Yes No
 Have you ever been involved in conduct which could be interpreted as inconsistent with the membership standards of AAT Australia? Yes No
 Are you, or have you ever, been bankrupt or entered into an agreement with your creditors? Yes No
 Do you have any criminal convictions? Yes No
 Have you ever been found guilty as a result of a disciplinary action by any professional body, excluding AAT Australia? Yes No
 If yes, by which professional body? _____

If you answered yes to any of these questions, please give full details in writing and attach with your application.

Declaration

The information supplied in this Application form is true and correct

Signature _____ Date _____

Payment Methods:

We accept American Express, Mastercard, Visa. Please complete the details below.

Please charge my: American Express Mastercard Visa

Card Number: _____ | _____ | _____ | _____ Expiry _____

Cardholder's Name: _____

CCV: _____ Amount (AUD): _____

Signature: _____

Date of Application: _____

Please keep a copy of this application form and send a copy to the AAT Australia

EMAIL: membership@aat.org.au or GPO Box 1637, Melbourne, 3001.

This becomes a tax invoice upon payment