

A Your personal details

Member ID _____ Advancing to: MIPA FIPA

Mr Mrs Miss Ms Other, please state _____ Date of birth ____ / ____ / ____

Given name _____ Family name _____

Please write your full name as you would like it to appear on your certificate (e.g. JOHN DAVID SMITH) _____

Preferred mailing address (Please indicate if this address is Residential Business)

Address _____ Suburb/Town/City _____

State _____ Postcode _____ Country _____

Phone _____ Email _____

B Basis for advancement

From AIPA to MIPA

Completion of further studies IPA Program Grad Certificate IPA Program Master of Commerce Other (please state) _____; AND Mentored Experience Program (MEP) completion exemption

OR Current full Member level membership of other relevant professional bodies

From MIPA to FIPA

Length as Member level (MNIA, RMIPA, MIPA) _____ years (minimum of 7 consecutive years); AND Experience (10 years or more experience in accountancy and/or related fields, the last 5 years of which are at a senior level)

OR Current Fellow level membership of other relevant professional bodies

Evidence required

1. Studies: Please include copies of transcripts and award certificates.
2. MEP: Please provide evidence of MEP completion or exemption for advancement to MIPA status. Please refer to www.publicaccountants.org.au/students/mentored-experience-program
3. Current membership of other relevant professional bodies: Please include a copy of membership certificate and a receipt for your current membership payment from the other professional body. If you are a current CPA or CAANZ member, you are eligible for the discounted joint rate.
4. Experience: Please provide a current resume or contemporary references. Alternatively you can complete Section **C** below.

C Professional work experience in accountancy and/or related fields

FROM	TO	POSITION	F/T, P/T, CASUAL	EMPLOYER NAME
Eg: 8/6/2012	Current	Partner	F/T	Accounting For You
Responsibilities Tax returns for individuals, business consulting, SMSF audit, financial reporting. Supervising two accountants.				
FROM	TO	POSITION	F/T, P/T, CASUAL	EMPLOYER NAME
Responsibilities				
FROM	TO	POSITION	F/T, P/T, CASUAL	EMPLOYER NAME
Responsibilities				
FROM	TO	POSITION	F/T, P/T, CASUAL	EMPLOYER NAME
Responsibilities				
FROM	TO	POSITION	F/T, P/T, CASUAL	EMPLOYER NAME
Responsibilities				



C Professional work experience in accountancy and/or related fields (continued)

FROM	TO	POSITION	F/T, P/T, CASUAL	EMPLOYER NAME
Responsibilities				
FROM	TO	POSITION	F/T, P/T, CASUAL	EMPLOYER NAME
Responsibilities				
FROM	TO	POSITION	F/T, P/T, CASUAL	EMPLOYER NAME
Responsibilities				
FROM	TO	POSITION	F/T, P/T, CASUAL	EMPLOYER NAME
Responsibilities				

D Payment details

Your application must include payment of:

- An advancement fee of AUD \$150.00; **AND**
- The pro-rata difference in subscription where the fee for your new membership status exceeds your current membership fee. Please refer to www.publicaccountants.org.au/become-a-member/fees for subscription fees.

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 by email.

OFFICE USE ONLY	
Advancement fee	\$150
Pro-rata membership fee	_____
Total amount due	_____

All fees are GST inclusive

E Declaration

I declare that:

- I have read the Institute's membership price list and understand that I will be charged an advancement fee and a pro-rata difference in subscription fee if required
- Note: Refer to the link in Section D above*
- I understand that by providing my credit/debit card details or cheque payment that I am confirming I have sufficient funds to pay for all fees relating to this application. I also understand that my advancement will not be finalised until the payment has been received by the IPA
- I agree to abide by the IPA Constitution, Pronouncements and By-Laws¹ and all Standards, Guidance Statements and other authoritative interpretations issued by the Auditing & Assurance Standards Board of Australia, the Australian Accounting Standards Board and the Accounting Professional and Ethical Standards Board
- I understand that my eligibility for advancement at a particular level will be based on the evidence provided
- I have read the IPA's Privacy Statement² and consent to my personal information being collected, used and disclosed for the purposes outlined

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

Signature _____ Date ____ / ____ / _____

¹ The IPA Constitution, By-Laws and Pronouncements are available on the IPA website - publicaccountants.org.au/about-us/ipa-rules-and-standards. Failure to comply with these standards may expose a member to disciplinary action.

² Privacy Statement: The Institute of Public Accountants acknowledges the importance of privacy and of safeguarding personal information. Any personal details provided to the IPA will be protected in line with the Australian Privacy Principles and the laws and regulations regarding such matters as are applicable in Australia. The IPA will not collect or monitor any personal information about you without your consent nor will we use or 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 are using or for a service you have requested; or to protect the rights or property of others. This information is being gathered to process your application; you may withhold providing the information but this will make processing your application difficult. The information requested is intended only for the use of the IPA and our approved service providers. For full Privacy Policy and Collection Notice, go to www.publicaccountants.org.au/portal/privacy-and-policy.