



Membership Advancement

Member	ID	Advancing to: OMIPA OFIPA
O Mr (OMrs OMiss OMs OOther, please state _	/ Date of birth//
Given na	ame	Family name
Please v	vrite your full name as you would like it to appe	ear on you certificate (e.g. JOHN DAVID SMITH)
Conta	ct details Preferred mailing address (Please	indicate if this address is OResidential or OBusiness)
Address		Suburb/Town/City
State	Postcode	Country
Mobile _	En	nail
Basis	for advancement	
From A	PA to MIPA	
	Program Professional Program OOther (pleas	ertificate OIPA Program Master of Commerce se state); AND
Mentore OR OC	Program Professional Program Onther (plead d Experience Program (MEP) Ocompletion C	se state); AND Dexemption ational Federation of Accountants (IFAC) Member level
OR OC bodies (Program Professional Program Onther (plead described by Completion Completion Corrent full Member level membership of Intern	se state); AND Dexemption ational Federation of Accountants (IFAC) Member level
OR OC bodies (From M O Leng	Program Professional Program Other (plead Experience Program (MEP) Completion Current full Member level membership of Internate: Current full Member level membership of Internate: Current full Membership of Internate: Current full Membership of Internate: Current full Membership of Inter	se state); AND Dexemption ational Federation of Accountants (IFAC) Member level
OR OC Experience or OR OC OR OC OC	Program Professional Program Other (pleased Experience Program (MEP) Completion Current full Member level membership of Internate; Current full Member level membership of Internate;	se state
OR OC bodies (Company) O Lengto Experts a senior OR OC (http://w	Program Professional Program Other (plead Experience Program (MEP) Completion Current full Member level membership of International IPA to FIPA gth as Member level (MNIA, RMIPA, MIPA) erience (10 years or more experience in accoulevel) Current Fellow membership of International Fed	se state

Go to the next page



Professional work experience in accountancy and/or 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 individuals, business consulting, SMSF audit, financial reporting. Supervising two accountants.			
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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. *Note: Refer to the link in Section* (E) on the next page
- 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-Laws* 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 Statement* 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//

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

Go to the next page



Your application must include payment of:

- An advancement fee of AUD 150; 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/fees.

O I have enclosed a cheque/money ord	er payable to "Institute of Public Accountants	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
OR		OFFICE USE ONLY
O Please charge my OAMEX O Maste	Advancement fee \$150.00	
Card number	Expiry date /	Pro-rata membership fee
Cardholder name		\$
Signature	/ Date//	Total amount due \$
Upon payment, you will receive a Tax Ir	nvoice email.	All fees are GST inclusive

IPA contact details for further information

NEW SOUTH WALES & AUSTRALIAN CAPITAL	QUEENSLAND
TERRITORY	Street address Level 11, 300 Queen Street, Brisbane QLD
Street address Level 10, 210 George Street, Sydney	4000
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Postal address GPO Box 1637, Melbourne VIC 3001	t (08) 9474 1775 f (08) 9474 2911
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e vicdivn@publicaccountants.org.au	
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