

# Application for Election to Membership

## Your Details

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Are you a BAS Agent?  Yes  No

## Membership Level

Level of Membership	Annual Membership Fee	Monthly Installment Amount
<input type="checkbox"/> Member in Practice*	\$480.00	\$40.00
<input type="checkbox"/> Member in Employment	\$360.00	\$30.00
<input type="checkbox"/> Associate in Practice*	\$432.00	\$36.00
<input type="checkbox"/> Associate in Employment	\$312.00	\$26.00
<input type="checkbox"/> Affiliate	\$264.00	\$22.00
<input type="checkbox"/> Student	\$120.00	N/A

Application fee of \$75.00 is due and payable upon application for Affiliate, Associate and Member levels.

\*All fees include GST. This official document becomes a Tax Invoice when accepted and paid.

## Membership Application Method

- I wish to sit the ICB online General Bookkeeping Assessments  
**OR**  
 I am applying for an exemption with a recent qualification

## Payment Method

- Full Amount  Monthly Installment

By electing to pay your **Annual Membership** on a monthly basis, you are agreeing to commit to 12 monthly payments.

### Please debit my Credit Card

- Visa  Mastercard

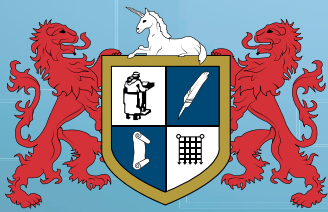
Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ CVC \_\_\_\_\_

Signed \_\_\_\_\_

### OR, Please debit my Bank Account

BSB \_\_\_\_\_ Account Number \_\_\_\_\_ Account Name \_\_\_\_\_

Signed \_\_\_\_\_



## Member Certification Statement

I hereby apply for membership of The Institute of Certified Bookkeepers at the appropriate grade and confirm that the details supplied in this application are correct to the best of my knowledge. I have read, and if elected to membership, agree to abide to The Institute of Certified Bookkeepers Rules of Professional Conduct.

### Rules of Professional Conduct

I apply for membership of ICB, committing to the following:

1. As a member of ICB, I understand I am a representative of the Institute and all members of ICB.
2. As a member of ICB, I agree to abide by the rules and guidelines set out in the ICB Code of Professional Conduct.
3. As a member of ICB, I agree to maintain 15 hours of Continuing Professional Education (CPE) per membership year.
4. As a member of ICB, I will respect the copyright and ownership of ICB resources and information and will not make them available to non-members of ICB.
5. As a practicing member of ICB, I will maintain Professional Indemnity Insurance (PII) in accordance with membership requirements.

*OR* As a member in employment of ICB, I verify that I am currently employed.

6. I have not had a registration with the Tax Practitioners Board or membership of another Professional Association suspended or terminated.
7. I am not currently undergoing any investigation or criminal or disciplinary proceedings.
8. As a member of ICB, I will endeavor to maintain a character of good fame and integrity.

I agree to adhere to the above requirements of ICB membership.

Should anything prevent me from delivering on the above requirements I understand I am obliged to notify the Institute as soon as possible.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit completed original form  
and any supporting documents to:**

Institute of Certified Bookkeepers  
Level 27, Rialto South Tower  
525 Collins Street, Melbourne VIC 3000

**Or scan signed form and supporting documents  
to Email:** admin@icb.org.au **Fax:** 1300 857 393

#### INTERNAL USE ONLY

Code \_\_\_\_\_

Date \_\_\_\_\_

Staff \_\_\_\_\_