

Renewal Form for Certified Bookkeeping Practice

ICB Member (Practice Owner/Management) Details

Practice/Business Name _____

Website Address _____

Name _____ ICB Member No. _____

Email Address _____

Practice Tiers

No. Team Members	Practice Fee
<input type="checkbox"/> 2 - 5 Team Members	\$990.00
<input type="checkbox"/> 6 - 10 Team Members	\$1,650.00
<input type="checkbox"/> 10 + Team Members	Call to discuss

No. of team members (in addition to the ICB Members) - Individual details provided in **Attachment 1**

Payment Method

Please debit my Credit Card

Visa Mastercard

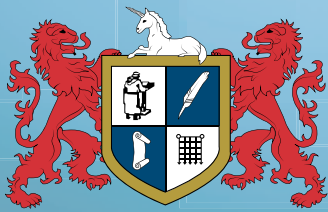
Card Number _____ Expiry Date _____ CVC _____

Signed _____

OR, Please debit my Bank Account

BSB _____ Account Number _____ Account Name _____

Signed _____



Practice Owner Declaration

As the Practice Owner(s) / Manager(s) we acknowledge the requirements and declare the following:

1. I/We commit to this membership for the required twelve (12) month membership.
NB. ICB allow a pro-rata for the first year to align with the owner's ICB membership renewal cycle.
2. The Principal(s) of the business is currently an ICB Member or Fellow in Practice, and will retain that membership, including meeting the requirements for PII & CPE.
3. All team members will be individually registered with ICB as part of this membership and will not share access details.
4. Team members registered with the practice I am not a voting member of ICB and hold no independent membership status.
5. Team members registered with the practice are not permitted to refer to themselves, or give the perception of being an ICB member, or to use the ICB crest in email signatures, correspondence or other documentation as provided to external parties.
6. The applicant Business, the Principal(s) and team members are committed to be a professional, best practice, part of which includes maintaining a professional image, including the registration of a business domain name. As a member of an ICB CBP we understand we are representatives of the Institute and members of ICB. We agree to abide by the rules and guidelines set out in the ICB Code of Professional Conduct and we will respect the copyright and ownership of ICB resources and information and will not make them available to non-members of ICB.
7. We will endeavour to maintain a character of good fame and integrity.
8. We will inform ICB of any team changes by email to members services admin@icb.org.au.

The Principal(s) personally agrees to adhere to the above requirements of ICB membership and commit to these behaviours on behalf of the team.

Should anything prevent us from delivering on the above requirements, we understand we are 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

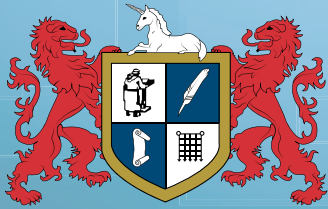
**Or scan signed form and supporting documents
to Email:** admin@icb.org.au **Fax:** 1300 857 393

INTERNAL USE ONLY

Code _____

Date _____

Staff _____



Attachment 1

Team Members

Name _____ Phone _____

D.O.B. ___ / ___ / ___ Email Address _____

Name _____ Phone _____

D.O.B. ___ / ___ / ___ Email Address _____

Name _____ Phone _____

D.O.B. ___ / ___ / ___ Email Address _____

Name _____ Phone _____

D.O.B. ___ / ___ / ___ Email Address _____

Name _____ Phone _____

D.O.B. ___ / ___ / ___ Email Address _____

Name _____ Phone _____

D.O.B. ___ / ___ / ___ Email Address _____

Name _____ Phone _____

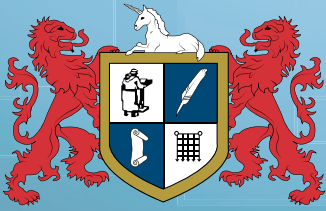
D.O.B. ___ / ___ / ___ Email Address _____

Name _____ Phone _____

D.O.B. ___ / ___ / ___ Email Address _____

Name _____ Phone _____

D.O.B. ___ / ___ / ___ Email Address _____



Team Member Declaration

Team Member Declaration (to be signed by each team member)

As a team member of _____
(Business Name)

I acknowledge the requirements and declare the following:

1. I will be individually registered with ICB as part of this membership and will not share my access details.
2. As a team member registered with the practice I am not a voting member of ICB and hold no independent membership status.
3. As a team member of an ICB Certified Bookkeeping Practice, I understand I am a representative of the Institute and all members of ICB.
4. I agree to abide by the rules and guidelines set out in the ICB Code of Professional Conduct.
5. I agree to maintain 15 hours of Continuing Professional Education (CPE) per membership year.
6. I will respect the copyright and ownership of ICB resources and information and will not make them available to non-members of ICB.
7. I have not had a registration with the Tax Practitioners Board or membership of another Professional Association suspended or terminated.
8. I am not currently undergoing any investigation or criminal or disciplinary proceedings.
9. I will endeavour to maintain a character of good fame and integrity.

Name _____

Signature _____ Date _____