

Membership Application Form



ICBA

Institute of Certified
Bookkeepers and Accountants

This is the *first time* I am applying for ICBA membership.

I am *renewing* my ICBA membership and my existing membership number is: _____

Please provide your personal details:

First name	_____			Telephone number (including area code)	_____
Middle name	_____			Fax number (including area code)	_____
Last name	_____			Cell number	_____
Title	_____			Email address	_____
Gender	_____			Postal address line 1	_____
Date of birth	_____			Postal address line 2	_____
ID type	SA ID	Malawi	Zimbabwe	Postal address line 3	_____
	Other	Namibia	Tanzania	Postal address line 4	_____
ID number	_____			Postal code	_____
Equity (for reporting purposes)	Black - African	Coloured	Asian/ Indian	Geographical area (SA province or other)	_____
	White			Country	_____
Nationality	_____			Physical address line 1	_____
Home language	_____			Physical address line 2	_____
Citizen residence status	South African Resident	Dual (SA & other)		Physical address line 3	_____
	Non-resident			Postal code	_____
Disability status	Not disabled	Disabled			
Socio-economic status	Employed	Unemployed			
Please let us know where you matriculated	City	_____			
	Area	_____			
	Postal code	_____			
	Municipality	_____			
Highest education	_____				

ICBA membership applied for:

I am applying for annual membership for the first time . Discounted fee for registered ICB students. .
Please refer to www.icba.org.za for current fees. You must provide proof of your relevant experience and qualifications. See over for more info.

Annual ICBA membership renewal as a qualified member. Discounted fee for registered ICB students .
Please refer to www.icba.org.za for current fees. You must provide proof of your continuing professional development (CPD). See over for more info.

Annual ICBA membership renewal as a student member. Discounted fee for registered ICB students.
Please refer to www.icba.org.za for current fees. Note: Student membership excludes the use of a designation.

ICBA membership upgrade application. Administration fee for existing members
Please refer to www.icba.org.za for current fees. You must provide proof of your new qualification/work experience.

Bank details for payment: The Institute of Certified Bookkeepers and Accountants NPC, First National Bank - Rondebosch branch, bank code: 201509, account number: 6243 9833 204. SWIFT code: FIRNZAJJ. Please attach proof of payment to this form.



Qualified Member Applications only: *Your qualifications and work experience.*

Student members: Leave this section blank and go to the section "Please attach the following to this application".

First time applicants:

Your qualifications relevant to this ICBA membership application:

Qualification	Date achieved	Awarding body (e.g. college)

Your work experience relevant to this ICBA membership application: please attach your CV reflecting this.

Both qualifications and work experience are necessary to join the ICBA.

Qualified membership renewal or upgrade applicants:

If you are renewing your membership as a qualified ICBA member, please complete the ICBA's Continuing Professional Development (CPD) Tracking Form (available on www.icba.org.za) and attach it to this application. If you are upgrading your membership, please provide evidence of your new qualification/work experience.

Based on the information above, what ICBA qualified membership level are you applying for?

Please tick one block below only – the highest applicable qualification:

<input type="checkbox"/> Certified Junior Bookkeeper (NQF L3)	<input type="checkbox"/> Certified Technical Public Accountant (NQF L5)
<input type="checkbox"/> Certified Senior Bookkeeper (NQF L4)	<input type="checkbox"/> Certified Small Business Financial Manager (NQF L4)
<input type="checkbox"/> Certified Technical Financial Accountant (NQF L5)	<input type="checkbox"/> Certified Junior Office Administrator (NQF L5)
<input type="checkbox"/> Certified Financial Accountant (NQF L6)	<input type="checkbox"/> Certified Senior Office Administrator (NQF L5)
<input type="checkbox"/> Certified Public Accounts Administrator (NQF L4)	<input type="checkbox"/> Certified Office Manager (NQF L6)

Please attach the following to this application:

- A copy of your identity document
- Proof of payment of your fee. Note that this fee is not refundable, even if your application is not successful.
- Qualified member applicants only**
 - First time applicants: Certified copies of your relevant qualification certificate(s) and transcript(s) of your results, plus your Curriculum Vitae.
 - Membership renewal applicants: Your completed ICBA CPD Tracking Form.

I have fully completed this form and enclose the required documents. I hereby make application for membership of the ICBA on the basis of the particulars given on this form which I certify to be correct. I undertake, if admitted, to observe the regulations of the Institute. I consent to the ICBA using my personal information only to provide services relevant to my membership, including sharing this information with relevant stakeholders/third party bodies such as SAQA.

DATE: _____ SIGNATURE: _____ (applicant)

Submit this form with all the required documents to the ICBA via email.