

# 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	Dual (SA & other)		Physical address line 3	_____
	Resident			Postal code	_____
	Non-resident			Postal code	_____
Disability status	Not disabled	Disabled		Postal code	_____
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**. **Fee: R620.** Discounted fee for registered ICB students: **R300**  
You must provide proof of your relevant experience and qualifications. See over for more info.

Annual ICBA membership renewal as a **qualified member**. **Fee: R500.** Discounted fee for registered ICB students: **R180**  
You must provide proof of your continuing professional development (CPD). See over for more info.

Annual ICBA membership renewal as a **student member**. **Fee: R430.** Discounted fee for registered ICB students: **R110**  
Note: Student membership excludes the use of a designation.

ICBA **membership upgrade** application. Administration fee for existing members: **Fee: R150.**  
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](http://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 or fax.