

Institute of Accounting Technicians - Application for Membership

This Application cannot be processed unless copies of academic/professional qualifications & CV are enclosed
Application for Membership

Title	Surname	Forename(s)	
Home Address			
Post Code/Zip		Country	
Telephone		Mobile	
Email		FAX	
Date of Birth		Job Title	
Company Name and Business Address			
Post Code/Zip		Country	
Business Telephone		Business FAX	Business Email
Address for Correspondence		Home	Business
<p>Academic Details Please list ALL of your academic and professional qualifications.</p>			
Qualification	Year	College/University	
Qualification	Year	College/University	
Qualification	Year	College/University	
Qualification	Year	College/University	
<p>References A reference must be supplied before the application can be processed</p>			
I have known the applicant for _____ years and support his/her application for membership. To the best of my knowledge the details of his/her application are correct.			
Referee Name		Job Title	
Company		Signature	
<p>Signature of Applicant I agree to accept the decision of the Council regarding my edibility for membership. If elected, I agree to abide by the Institute's Charter and Bye-laws and to observe the provisions of the Institute's Code of Professional Standards. I confirm that the information supplied in support of my application is correct.</p>			
Signature		Date	
<p>N.B If you need more space, please continue to a plain sheet of paper and attach to form.</p>			

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Waiver Form

I certify that the information declared in the application form for membership and certification is correct. If I would misrepresent my credentials, or allow my membership in the Institute of Accounting Technicians to lapse, I understand and agree that my IAT status will be revoked and my membership terminated. I affirm that all the information that I have provided to IAT is true, correct, and complete and I agree to hold harmless and indemnify the IAT and its officers, directors, employees and agents for any misrepresentations of my credentials and for all claims, loss, damage, judgment or expense. I certify that I have not been convicted of a felony. I have not been disciplined for any ethical violation in the last 10 years and I am not under any investigation by any legal or licensing board.

Membership of IAT does not constitute the grant of a license or other licensing authority by or on behalf of the organization as to a member's qualifications, abilities or expertise. The Institute Accounting Technicians does not endorse, guarantee or warrant the credentials, work or opinions of any individual member.

Signature

Date