

Application Form for Associate membership of the Institute of Accounting Technicians

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

Application form for Associate membership of the Institute of Accounting Technician.

PART 1: PERSONAL INFORMATION

1. Applicant Information

Name _____
 Title _____ First _____ Middle _____ Last _____

Home Address _____
 Street _____ City _____ Province/Territory/State _____

_____ Country _____ Postal Code/Zip _____ Home or cell Phone _____

_____ Email _____ Date of birth (mm / dd / yyyy) _____

Employer _____
 Name _____ Job title _____

Address _____
 City _____ Province/Territory/State _____ Country _____ Postal Code/Zip _____

_____ Telephone # /Cell _____ FAX _____ Email _____

University Degrees / Other Academic Qualifications

Please list your academic and professional qualifications.

Name of Institution	Degree Type	Year Granted

Other Professional Certifications

Please list any other professional certifications that you hold.

Name of Professional Body	Certification	Year Granted

Signature of Applicant:

 Signature

 Date: (mm / dd / yyyy)