

# APPLICATION FORM



## ARITA DETAILS (if applicable)

Member ID

Current Membership Category  Associate Member  Full Member  Graduate Subscriber  Student Subscriber

## YOUR DETAILS

Title	First Name	Middle Name(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last Name	Designation		
<input type="text"/>	<input type="text"/>		
Position	Gender	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> DD/MM/YY	
Company	<input type="text"/>		
Business Street Address	<input type="text"/>		
Business Postal Address	<input type="text"/>		
Private Address	<input type="text"/>		
Preferred Postal Address	<input type="radio"/> Business Street	<input type="radio"/> Business Postal	<input type="radio"/> Private
Phone	Fax	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address	<input type="text"/>		
Secondary Email Address	<input type="text"/>		

## PROFESSIONAL EXPERIENCE

Number of years' of professional work in

Number of years in other  Please specify areas

Number of years in other  Please specify areas

What is your main focus or area of expertise?

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## EMPLOYMENT HISTORY

Current Employer	<input type="text"/>	Commencement Date	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="DD/MM/YY"/>
Previous Employer	<input type="text"/>		
Period of Employment	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="DD/MM/YY"/>	to	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="DD/MM/YY"/> Position <input type="text"/>
Previous Employer	<input type="text"/>		
Period of Employment	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="DD/MM/YY"/>	to	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="DD/MM/YY"/> Position <input type="text"/>

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## EDUCATION HISTORY

Institute	<input type="text"/>	Year of Completion	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="DD/MM/YY"/>
Name of Qualifications / Degree	<input type="text"/>		
Institute	<input type="text"/>	Year of Completion	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="DD/MM/YY"/>
Name of Qualifications / Degree	<input type="text"/>		
Institute	<input type="text"/>	Year of Completion	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="DD/MM/YY"/>
Name of Qualifications / Degree	<input type="text"/>		

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## PROFESSIONAL BODY

<input type="radio"/> Chartered Accountants (CAANZ)	Category	<input type="text"/>	Current To	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="DD/MM/YY"/>
<input type="radio"/> CPA Australia (CPA)	Category	<input type="text"/>	Current To	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="DD/MM/YY"/>
<input type="radio"/> Law Society / Institute	Category	<input type="text"/>	Current To	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="DD/MM/YY"/>
<input type="radio"/> Practising Certificate	Category	<input type="text"/>	Current To	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="DD/MM/YY"/>
<input type="radio"/> Other	Issued By	<input type="text"/>	Current To	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="DD/MM/YY"/>
<input type="radio"/> Other	Issued By	<input type="text"/>	Current To	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value="DD/MM/YY"/>

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## ARITA ANNUAL REPORT PUBLICATION Please nominate your preferred delivery method

- Please send me the ARITA Annual Report electronically or
- Please send me the ARITA Annual Report in print form

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## SUPPORTING DOCUMENTATION (Required)

- CV / Resume / Bio with detailed experience
- Proof of Employment letter
- Qualifications documentations (transcripts, certificates etc)

## SUPPORTING DOCUMENTATION (Optional)

- Letter(s) of Good Standing from your Association(s)
- Experience Reference Letter
- Others, please specify

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## REFERENCE CHECKS

Two references are required for all applications. Your two referees must be current ARITA Professional Members or Chartered Accountants and at least one must be from other firm other than your current one. Both must have known you for one year or longer.

The forms for your referees to complete are at the end of this application form.

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## COMPULSORY DECLARATIONS

- I declare the above information and supporting documentations I have provided are true and accurate records.
- I know of no reasons why I should not be admitted as a Member of ARITA.
- I agree to be bound by the ARITA Constitution and Regulations, including the Code of Professional Practice.
- I confirm that I am not currently the subject of disciplinary proceedings by an insolvency regulator or a professional body (other than ARITA) or subject to any court or enforcement action related to my professional conduct by another government agency or if I am subject to such action, details have been forwarded to ARITA on a confidential basis. ARITA may contact you further regarding information provided in relation to disciplinary proceedings, including any consequential impact on your membership application.
- I note that visitors to the ARITA website will be able to search my current membership status, registered firm name and business contact details and I release ARITA to provide this information.
- I agree that ARITA can provide my Employer, Regulator/relevant authority/government agency and/or other professional/member association that I may be a member of with information relating to my membership.
- I give consent for ARITA to provide my membership details to INSOL International for membership and including for publication in the INSOL directory

## NON-COMPULSORY DECLARATION

- I confirm that I remain a member in good standing of the relevant Foundation accounting body or Law society or Institute, or that I continue to hold a legal Practising Certificate.

Signature

Date

DD/MM/YY

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## PROCESSING TIME

All membership applications are put through a rigorous screening process including approval by the local division committee from which the applicant resides and then by the ARITA Board.

All membership applications should be sent through as one complete document (less than 2MB) and must have all supporting documentation as incomplete application will not be considered.

Membership applicants may be interviewed by their local division committee representative(s) or the National Membership Committee prior to their application being approved.

Please return your completed application form and all supporting documentation scanned by email to [Membership@arita.com.au](mailto:Membership@arita.com.au)

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## REFERENCE %

### Applicant's Details

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	Member ID <input type="text"/>

### Proposer #1

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	Member ID <input type="text"/>
Phone	<input type="text"/>	
Relationship	<input type="text"/>	Known <input type="text"/>

I support and recommend the above mentioned applicant for membership of ARITA.  
I confirm that I am not related to the applicant and that I have known or worked with the applicant for more than one year.

Signature

Date  /  /  DD/MM/YY

**REFERENCE &**

**Applicant's Details**

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	Member ID <input type="text"/>

**Proposer #2**

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	Member ID <input type="text"/>
Phone	<input type="text"/>	
Relationship	<input type="text"/>	Known <input type="text"/>

I support and recommend the above mentioned applicant for membership of ARITA.  
 I confirm that I am not related to the applicant and that I have known or worked with the applicant for more than one year.

Signature

Date  DD/MM/YY