



Application form

This Application cannot be processed unless copies of academic/professional qualifications and CV are enclosed

Personal details

Title (Mr/Mrs/Miss/Ms/other)

Date of birth (dd/mm/yy)

 / /

Full Name

Home Address

City

County/State

Country

Post Code

Email Address

Telephone Number

Company Name and Business Address

Country

Post Code

Address for Correspondence

This Application cannot be processed unless copies of academic/professional qualifications are enclosed

Academic details

| Qualification | College /University | Year |
|---------------|---------------------|------|
| | | |
| | | |
| | | |
| | | |
| | | |

Professional details

| Qualification | College /University | Year |
|---------------|---------------------|------|
| | | |
| | | |
| | | |
| | | |

Additional Information (Optional)

Reference

A reference must be supplied before the application can be processed.

Name of referee

Job title

Company

I have known the applicant for _____ years and support his/her application for membership of the Institute of Accounting Technicians - IAT. To the best of my knowledge the details of his/her application are correct.

Remarks (Optional)

Signature

Date

 / /

Signature of Applicant

I agree to accept the decision of the Council regarding my eligibility for IAT membership. If elected, I agree to abide by the Institute's Charter and By-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.

Signature

Date

 / /



INSTITUTE OF
ACCOUNTING
TECHNICIANS

Waiver form

This Application cannot be processed unless copies of academic/professional qualifications and CV are enclosed

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

 / /