

Institute of Accounting Technicians

STUDENT REGISTRATION FORM

- This form is to be completed by Applicants for Student membership
- Please complete all relevant sections below in **BLOCK CAPITALS**. Use black or blue ink.

Section One - Your details		
Last name:	First name:	Title:
Address:	Home phone #:	
	Work phone #:	
	Fax #:	
Post Code:	Email Address:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: Day / / Month / / Year / / / /	

Section Two - Employment details		
Please indicate the working area in which you are engaged by ticking the appropriate box below:		
<input type="checkbox"/> Practice	<input type="checkbox"/> Industry/Commerce	
Name of Employer:	Work phone #:	
Address:	Fax #:	
	Email Address:	
	Nature of Business:	
Post Code:	Your Job Title:	Date Stated:

Section Three - Referee (e.g. College Lecturer or Employer)		
Last name:	First name:	Title:
College/Company Name:	Position Held:	
Work Address:	Phone #:	
	Fax #:	
	Email address:	

