



**The Association of  
Certified Public Accountants  
International**

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SL68RE, England

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E-MAIL: cpa-ysu@btconnect.com

Agreed Registration					Initials	
Registration Qual.					Money Received	€ GBP
Exemptions					Qual.	
Initials					Nat.	
Exemption fees to pay			Paid		Exemp.	
					Branch	
					Date of Registration	

***Certified Management Accountant  
Form of application for admission as a full member***

*Please use CAPITAL LETTERS throughout*

1. Surname (Family name) (Mr/Mrs/Miss)				Tel:	Mob:	Work:
2. Other names				E-mail:		
3. Date of Birth	Day	Month	Year	Age	4. Nationality	
5. Address	Street		Town area		Town	
	No.	Province		Zip code	Country	

6. Education						
(a) Schools attended		From	To	Exams Passed	Subjects	Results/Grade
(b) Further Education						
University / Polytechnic / College attended		Course	From	To	Degree / Diploma awarded	
(c) Professional Qualifications						
Name of Body		Exams Passed	Date	Grade of Membership		

7. If a previous application has been made, please state	
(i) Date of application	(ii) Reference number, if known

8. (a) Official Title of Applicant's present Business Position	Date commenced
<p>(b) If your application is successful your employer will be informed and sent a copy of the Association publication Employer's Guide to Training with the aim of assisting him in providing you with the necessary experience. Please state name of individual, organization and address to which notification should be sent.</p> <p style="margin-left: 40px;">Name</p> <p style="margin-left: 40px;">Organisation</p> <p style="margin-left: 40px;">Address</p> <p style="margin-left: 40px;">Nature of Employer's Business</p>	

9. I understand that in addition to passing the examinations, the applicant for admission to Associate membership of the Association must have had at least three years acceptable practical experience in Auditing and Accountancy. I propose to acquire this practical experience by:

- Following a training scheme organized by the above employer for registered students of the Association
- Obtain an appropriate range of work experience

*Please delete appropriately*

10. I propose to obtain tuition for the Association's examination at:

(name of College)

By means of full-time / part-time / sandwich / correspondence course and to present myself for examination first occasion in July / December \* .....(year) \* *Please delete appropriately*

11. To be signed by a member of the Association, or failing this, a responsible person such as a senior official in the applicant's place of employment:  
*It is essential that this section is completed*

I hereby recommend

Whom I have known for \_\_\_\_\_ years as a fit and proper person for admission as a registered student of the Association and as candidate for its examinations. To the best of my knowledge and belief, the information given in sections 1 to 10 of this form is correct in every particular.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grade in the Association or,  
Designation and Business  
Address:

12. I enclose Bank Draft / Cheque / Wire transfer copy for £ / € \_\_\_\_\_ in respect of registration fee (non-refundable) and annual subscription.

**CASH MUST NOT BE SENT**

13. I hereby make application for admission as a registered student on the basis of the particulars given in this form, which, I certify to be correct. I have studied the STUDENT'S GUIDE and I undertake, take if admitted, to comply with the regulations set out therein and to bear in full the responsibilities which I would incur as a potential member of the Association.

Signature \_\_\_\_\_ Date \_\_\_\_\_

