

Membership Application Form



Please type directly into the form

APPLICATION CATEGORY			
Associate	Graduate	Academic	Lender & Investor
CURRENT MEMBERSHIP CATEGORY <i>(if applicable)</i>			
Professional Member		Academic	Lender & Investor
Associate		Graduate	Student
ARITA Member #:		Year Graduated IEP: (if applicable)	
Personal Details			
Prefix / Title:		First Name:	
Middle name(s):			
Last name:			
Gender:	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
			MALE
Date of Birth (D.O.B):			
Address:			
City:		State:	
		Post Code:	
Country: <i>(if not Australia)</i>		Phone:	
		Fax:	
Mobile:		Email:	
EDUCATION			
University Degree:		Completion Date:	
Issuing University:			
University Degree:		Completion Date:	
Issuing University:			
Other Qualification(s):			
Other Qualification(s):			
Other Qualification(s):			

PROFESSIONAL EXPERIENCE

No. of Years' experience in Restructuring, Insolvency & Turnaround:			
No. of Years in Other:		Please specify:	
Please specify your main area of focus or expertise below:			
Current Employer:			
Start date:		Position:	
Previous Employer(s): <i>(past 10 years)</i>			
Previous Employer(s): <i>(past 10 years)</i>			
Previous Employer(s): <i>(past 10 years)</i>			
Previous Employer(s): <i>(past 10 years)</i>			

PROFESSIONAL MEMBERSHIP(S)

Chartered Accountants (CAANZ)	Category:		Date joined:	
CPA Australia (CPA)	Category:		Date joined:	
Law Society	Location:		Category:	
Practising Certificate	Issued by:		Date issued:	
Other:		Category:	Date joined:	

Referees

Referees are **required** for **all** applications.

Both must be current ARITA Professional Members* and at least 1 must be from a firm other than the applicant's.

**Except where the applicant is applying for Academic membership and the referees can be Academic members.*

Proposer

ARITA Member #:			
Name:			
Firm:			
Phone:			
Relationship:		How long?	
Signature:			

Secunder

ARITA Member #:			
Name:			
Firm:			
Phone:			
Relationship:		How long?	
Signature:			

Signed: Date / / 20....

ADDITIONAL INFORMATION

Compulsory Declarations *(all applicants)*

- | | |
|--|--|
| | 1. I declare the above information and my attached CV to be true and correct. |
| | 2. I know of no reasons why I should not be admitted as a Member of ARITA. |
| | 3. I agree to be bound by the ARITA Constitution, Regulations and Codes of Practice as may be published from time to time. |
| | 4. I give permission for ARITA to contact my Employers, Referees, Regulator and Professional Association(s) to verify the accuracy of the provided information and provide information relating to my membership. |
| | 5. I confirm that I am not currently the subject of disciplinary proceedings by a regulator or relevant professional body (other than ARITA) or if I am subject to disciplinary proceeding by a regulator or relevant professional body (other than ARITA) details have been forwarded to ARITA on a confidential basis. |
| | 6. I note that visitors to the ARITA website will be able to search my current membership status and category. |

Optional Declarations

- | | |
|--|--|
| | 7. I am a member in good standing of the Professional Association(s) and/or that I continue to hold a legal practicing certificate as indicated in the professional membership section |
|--|--|

Other required information	
	Please send me the ARITA Annual Report electronically or
	Please send me the ARITA Annual Report in Print form
Supporting documents attached (REQUIRED)	
	CV / Resume / Bio – with detailed experience
	Proof of Employment (Letter)
	Qualification documentation (transcripts/certificates etc)
Supporting documents attached (OPTIONAL)	
	Letter of Good Standing from your Association(s)
	Reference letter(s)
	Other industry related qualification documentation
	Other – please specify: