

Membership Application Form



Please type directly into the form

APPLICATION CATEGORY					
Professional Member	Associate	Graduate	Academic	Lender & Investor	
CURRENT MEMBERSHIP CATEGORY <i>(if applicable)</i>					
Professional Member	Associate	Graduate	Academic	Lender & Investor	Student
ARITA Member #:			Year Graduated IEP: (if applicable)		

Personal Details					
Prefix / Title:			First Name:		
Middle name(s):					
Last name:					
Gender:		FEMALE		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):			

GOVERNMENT ISSUED LICENCES

Registered Liquidator	No:		Date registered:		CURRENT
Official Liquidator	No:		Date registered:		CURRENT
Trustee	No:		Date registered:		CURRENT

PROFESSIONAL MEMBERSHIP(S)

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

PROFESSIONAL EXPERIENCE

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

Why should you be admitted as a member?

Please explain below:

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.*

Proposer

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

Secunder

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

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 and Professional Association(s) to verify the accuracy of the provided information.

	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.
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Professional Member applications only

	1. I am a full member in good standing of the Professional Association(s) indicated above (if applicable).
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	2. I confirm that I have completed at least 40 hours of job relevant CPD in the last 12 months (at least 10 hours must be verifiable, the rest can be made up of non-verifiable hours.
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Other required information

	Please send me the ARITA Annual Report electronically or
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	Please send me the ARITA Annual Report in Print form
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Supporting documents attached (REQUIRED)

	CV / Resume / Bio – with detailed experience
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	Proof of Employment (Letter)
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	Letter of Good Standing from your Association(s)
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	Qualification documentation (transcripts, certificates etc)
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Supporting documents attached (OPTIONAL)

	Reference letter(s)
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	Other industry related qualification documentation
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	Other – please specify:
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Signed: Date / / 20....