

Membership Application Form



Experience Pathway – Professional Member

Please type directly into the form

APPLICATION CATEGORY – Professional Member		
ARITA Member #:		
Year Graduated IEP (if applicable):		
CURRENT MEMBERSHIP CATEGORY (if applicable):		
	Associate member	
	Graduate member	
	Academic member	
	Lender & Investor member	
	Student member	

Personal Details					
Prefix / Title:		First Name:			
Middle name(s):					
Last name:					
Gender:		FEMALE		MALE	
Date of Birth (D.O.B):				Mobile phone:	
Private Address:					
City:		State:		Post Code:	
Country: <small>(if not Australia)</small>		Phone:			
Business Address:					
City:		State:		Post Code:	
Country: <small>(if not Australia)</small>		Phone:		Fax:	
Email:					
Preferred Mail address:		Private		Business street	Business Postal

PROFESSIONAL EXPERIENCE

No. of Years' experience in Restructuring, Insolvency & Turnaround: <i>(Must be greater than 10 years to be eligible for this entry pathway)</i>	
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No. of Years in Other:		Please specify area:
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Please explain your experience in Restructuring, Insolvency and Turnaround including whether you have a main focus/area of expertise?
Explain below:

EMPLOYMENT HISTORY

Current Employer:	
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Start date:		Position:	
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Previous Employer(s): <i>(past 20 years)</i>	
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Previous Employer(s): <i>(past 20 years)</i>	
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Previous Employer(s): <i>(past 20 years)</i>	
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Previous Employer(s): <i>(past 20 years)</i>	
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EDUCATION

University Degree:		Completion Date:	
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Issuing University:	
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University Degree:		Completion Date:	
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Issuing University:	
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Other Qualification(s):		Date:	
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Other Qualification(s):		Date:	
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Other Qualification(s):		Date:	
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Other Qualification(s):		Date:	
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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:	
	Other:		Category:	Date joined:	
	Other:		Category:	Date joined:	

GOVERNMENT ISSUED LICENCES

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

Why should you be admitted as a member?

Please explain below:

Supporting documents attached (REQUIRED)

CV / Resume / Bio – with detailed experience		
Proof of Employment (Letter)		
Letter of Good Standing from your Association(s)		
Qualification documentation (transcripts, certificates etc)		
Letter from Chairman, CEO, Regional Leader or equivalent		
Experience reference letter(s) (minimum of 2)	No. supplied:	
Character reference letter		
Other industry related qualification documentation		
Other – please specify:		

ADDITIONAL REQUIRED INFORMATION

Compulsory Declarations

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 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).
7.	I note that visitors to the ARITA website will be able to search my current membership status and category.

Optional Declarations

8.	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 above.
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Other information

	Please send me the ARITA Annual Report electronically or
	Please send me the ARITA Annual Report in Print form

Signed: Date / / 20....

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.

Proposer

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

Seconded

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