

# Membership Application Form



## Foundation 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

<b>No. of Years' experience in Restructuring, Insolvency &amp; Turnaround:</b> <i>(At least 3 years of the last 5 years to be eligible for this entry pathway)</i>		
<b>No. of Years in Other:</b>		<b>Please specify area:</b>
<b>What is your main focus/area of expertise?</b>		

## EMPLOYMENT HISTORY

<b>Current Employer:</b>			
<b>Start date:</b>		<b>Position:</b>	
<b>Previous Employer(s):</b> <i>(past 10 years or more)</i>			
<b>Previous Employer(s):</b> <i>(past 10 years or more)</i>			
<b>Previous Employer(s):</b> <i>(past 10 years or more)</i>			
<b>Previous Employer(s):</b> <i>(past 10 years or more)</i>			

## EDUCATION

<b>University Degree:</b>		<b>Completion Date:</b>	
<b>Issuing University:</b>			
<b>University Degree:</b>		<b>Completion Date:</b>	
<b>Issuing University:</b>			
<b>Other Qualification(s):</b>		<b>Date:</b>	
<b>Other Qualification(s):</b>		<b>Date:</b>	
<b>Other Qualification(s):</b>		<b>Date:</b>	
<b>Other Qualification(s):</b>		<b>Date:</b>	

## PROFESSIONAL MEMBERSHIP(S)

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

## GOVERNMENT ISSUED LICENCES

	<b>Registered Liquidator No:</b>		<b>Date registered:</b>		<b>CURRENT</b>
	<b>Official Liquidator No:</b>		<b>Date registered:</b>		<b>CURRENT</b>
	<b>Trustee No:</b>		<b>Date registered:</b>		<b>CURRENT</b>

## Why should you be admitted as a member?

*Please explain below:*

## Supporting documents attached (REQUIRED)

	<b>CV / Resume / Bio – with detailed experience including CPD details</b>
	<b>Proof of Employment (Letter)</b>
	<b>Letter of Good Standing from your Association(s)</b>
	<b>Qualification documentation (transcripts, certificates etc)</b>

## Supporting documents attached (OPTIONAL)

	<b>Reference letter(s)</b>
	<b>Other industry related qualification documentation</b>
	<b>Other – please specify:</b>

## ADDITIONAL REQUIRED INFORMATION

### Compulsory Declarations

	<b>1. I declare the above information and my attached CV to be true and correct.</b>
	<b>2. I know of no reasons why I should not be admitted as a Member of ARITA.</b>
	<b>3. I agree to be bound by the ARITA Constitution, Regulations and Codes of Practice as may be published from time to time.</b>
	<b>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.</b>
	<b>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.</b>
	<b>6. I am a full member in good standing of the Professional Association(s) and/or that I continue to hold a legal practicing certificate as indicated above.</b>
	<b>7. 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).</b>
	<b>8. I note that visitors to the ARITA website will be able to search my current membership status and category.</b>

## Other information (*required*)

	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			
<b>ARITA Member #:</b>			
<b>Name:</b>			
<b>Firm:</b>			
<b>Phone:</b>			
<b>Relationship:</b>		<b>How long?</b>	
<b>Signature:</b>			
Secunder			
<b>ARITA Member #:</b>			
<b>Name:</b>			
<b>Firm:</b>			
<b>Phone:</b>			
<b>Relationship:</b>		<b>How long?</b>	
<b>Signature:</b>			