



Qualifications for business

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Email: membership@iab.org.uk Website: www.iab.org.uk
Registered No. 1119378 (England) Limited (by guarantee).

Reg. Student No.

AIAB No.

MIAB No.

FIAB No.

Grid for registration numbers

APPLICATION FOR MEMBERSHIP
(PLEASE USE BLOCK CAPITALS AND BLACK INK)

SURNAME OR FAMILY NAME

OTHER NAMES

TITLE

HOME ADDRESS

POST CODE

TEL No. MOBILE

EMAIL ADDRESS WEBSITE

WORK ADDRESS

POST CODE

TEL No. MOBILE

EMAIL ADDRESS

An email address is essential to ensure you receive valuable technical & professional information.

ADDRESS FOR CORRESPONDENCE HOME: WORK:

DATE OF BIRTH AGE:

JOB TITLE NATURE OF BUSINESS

DATE OF COMMENCEMENT

Table with 4 columns: FOR OFFICE USE ONLY, Comm. Date, Grade, Initials, Route

DETAILS OF FURTHER AND HIGHER EDUCATION EXAMINATIONS  
PASSED INCLUDING IAB.

DATE	EXAMINING BODY	SUBJECTS	GRADE

*Please indicate the Commercial Computerised Accounting packages with which you are competent:*

**\*PLEASE NOTE:** Examinations other than those of the IAB must be supported by documentary evidence. Certification should be by an appropriate person e.g. employer, minister of religion, lawyer.

EMPLOYMENT HISTORY  
(Commence with your present employer or self employment details)

YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	ANNUAL SALARY

Please attach a current job description

In addition to signing this form the employer is asked to submit a supporting letter confirming the date of commencement and a description of the applicant's present appointment  
If the applicant is **self-employed**, a letter head must be attached and relevant dates shown on page 2.

**All applicants** must supply details of two referees in support of this application who are able to vouch for personal character and practical knowledge of book-keeping (references by family members are unacceptable).

NAME .....	NAME .....
ADDRESS .....	ADDRESS .....
.....	.....
.....	.....
.....	.....
OCCUPATION .....	OCCUPATION .....
EMAIL .....	EMAIL .....

- 1. I have passed the examinations of the IAB
- 2. I wish to claim exemptions from the IAB's examinations on the basis of the examinations passed and listed opposite
- 3. I am applying via Accreditation of Prior Learning and attach the MIAB checklist.

I wish to apply for admission to the IAB at the grade of Associate/Member/Fellow (delete as appropriate) and undertake, if admitted, to observe the provisions of the Memorandum and Articles of Association and Bye-Laws for the time being in force. I certify that all the statements in support of my application are, to the best of my knowledge, true and complete. I declare that I have not been debarred from membership of any professional body, or subject to any disciplinary proceedings prior to this application.

**Signature** ..... **Date** .....

DATA PROTECTION ACT 1998: All personal information on this form is held in accordance with the provisions of the Act and may be passed to third parties for the promotion of goods and services. All rights, duties and responsibilities under the Act are acknowledged.  
If you do not wish to receive other information from a third party please tick

**Please PRINT YOUR NAME as you wish it to appear on the membership certificate if your application is successful.**

# EQUAL OPPORTUNITIES

The IAB is committed to providing equal opportunities to all applicants. To check that we are achieving this aim we monitor the personal circumstances of applicants and to assist us we ask you to provide the following information.

(Please tick relevant box)

**1. Gender**

Male  Female

**2. Age**

29 and under  30-39  40-49

50-59  over 60

**3. Are you currently employed?**

YES  NO

**4. Full-time or part-time?**

FT  PT

**5. Are you self employed?**

YES  NO

**6. Have you any disabilities or special needs?**

YES  NO

If you answered yes at 6 above please give brief details of your disabilities or needs.

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Please tick against the list below the description that best fits your ethnic origin:

Asian-British	<input type="checkbox"/>	Asian-other	<input type="checkbox"/>	Black-African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White-British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black-Caribbean	<input type="checkbox"/>	White-other European	<input type="checkbox"/>	Black-other	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White-other	<input type="checkbox"/>	Any other	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Black-British	<input type="checkbox"/>		<input type="checkbox"/>

Thank you for your co-operation in completing these questions.