
APPLICATION FOR MEMBERSHIP 2010



APPLICATIONS MUST BE SUBMITTED BEFORE 3rd AUGUST 2010

INSTRUCTIONS

Please fill in Sections 1 - 6 yourself. Section 7 should be filled in by your Employer or a qualified Accountant.

1. PERSONAL DETAILS

Registration Number:

Mr./Mrs./Ms: Date of Birth:

Surname:

Firstname(s):

Address for Correspondence:

County: Postcode:

Home Telephone: Office: Mob:

Email:

Please note it is essential you provide us with a valid email address.

2. EMPLOYMENT DETAILS

Company Name: Job Title:

Company Address:

Name of Head of Finance: Company Tel:

Email of Head of Finance:

Please specify the nature of business in which you are employed:

Number of employees in the company: 1-10 11-50 51-100 101-500 500+

Do you wish us to advise your employer if you are admitted into membership?

No Yes To whom should letter be addressed:

3. CORRESPONDENCE

Mail to be sent to: Home Office

4. LOCATION FOR CONFERRING

Belfast Cork Dublin Galway

5. EXAMINATION QUALIFICATIONS

(a) Details of Examinations passed –

(i) Year in which First Year was completed:

(ii) Year in which Second Year was completed:

(iii) Year in which Computerised Accounting Assessment was completed:

(b) Are you a Member of any other professional body? If you are, please give the name of the body:

6. DECLARATION

I hereby make application for admission to membership of Accounting Technicians Ireland.

- I declare that the information given in this form is correct. I enclose a remittance for the appropriate amount.
- If accepted for membership, I undertake to observe and abide by the rules and regulations of Accounting Technicians Ireland for the time being in force.
- I recognise that membership will entitle me to provide general accountancy, book-keeping or taxation advisory services to members of the public and will **not** entitle me to set-up in practice in a regulated area of professional activity.
- I acknowledge that, as a member of Accounting Technicians Ireland, I will be required to pay an annual membership subscription each year. This is €160/£145 and is separate to the membership application fee of €175/£155. The annual membership subscription is due in November of each year.
- I undertake to inform you of any change in my address or occupation.
- I recognise that the Certificate of Membership that I will receive is the property of Accounting Technicians Ireland and I undertake to return it in the event of my ceasing to be a member.

Signed: **Date:** ____/____/____

7. RECOMMENDATION

To be signed by your **Employer** or by a **qualified Accountant**.

I **Hereby recommend**

as a suitable person to be admitted as a Member of Accounting Technicians Ireland.

Signed:..... **Position Held:**

If you are a Member of an Accountancy Body, please indicate the name of the body:

Company Name:

Company Address:

Company Tel:

8. CHECKLIST

The following checklist should assist you:

- (a) Sections **1 – 6** have been completed
- (b) Section **6** has been signed by me
- (c) The Record of Work Experience has been signed in **three** places
- (d) The recommendation in Section **7** has been completed

9. PAYMENT DETAILS

Postal Order Draft/Cheque Debit Card Credit Card

I enclose herewith my remittance for the amount of: €..... Stg£.....

Euro **€175.00** *Stg* **£155.00**

Please make cheques payable to Accounting Technicians Ireland.

If paying by Card, complete below:

VISA MasterCard Laser Delta Maestro Electron Switch/SOLO

CARD NUMBER:

Credit card CVV No:

EXPIRY DATE: /

CARDHOLDER'S SIGNATURE: _____

Please note that all credit card transactions are subject to a €4.50/£4.00 handling charge. There is no charge for the use of non-Visa debit cards.

*Please forward this application together with your remittance and completed **Record of Work Experience** to:*

**Accounting Technicians Ireland
47-49 Pearse St, Dublin 2**