



Association of International Chartered Tax Accountants

Application for Membership Form

Registered Tax Agent, CPA, CA, Fellow, Associates, or affiliates members must use this APPLICATION form.

PLEASE PRINT IN BLOCK LETTERS

Personal Information

Title (Mr., Mrs., Miss, Others) _____

First Name _____

Last Name _____

Date of Birth (DD/MM/CCYY) _____

Country of Birth _____

FULL DISCLOSURE: You must disclose if you have been convicted of criminal offence, subjected to disciplinary action by a statutory, professional, or other body, or are you currently in bankruptcy or prohibited under the corporation law to manage a corporation.

☐ Yes ☐ No

If your answer is yes, you must attached documents I confirm That I am a person of good fame, integrity and character.

Address and Contact Details

Company/Business Name _____

Position _____

Business Address _____

Business Postal Address/Country _____

Business Telephone _____

Business Email _____

Home Address/Country _____

Home Telephone _____

Mobile _____

TAX AGENT Criteria

1. Are you a tax agent?

☐ Yes ☐ No

Tax Agent registration no: _____

Expiration Date: _____

2. High education attained

Do you have a degree in Accountancy?

☐ Yes ☐ No



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Name of Accounting Institution:

Name of Accountancy degree:

Country degree was completed

Year degree was awarded

3. Are you a legal practitioner?

☐ Yes ☐ No

Name of legal qualification

Year admitted to practice and provided legal services

State or Country of registration

Privacy

The AICTA seriously considers the Privacy Act and every country's principle.

All Information provided by you is necessary for assessing membership eligibility criteria.

If you do not wish to have your details used by AICTA please advise in writing.

AICTA will contact you via email or direct mail or telephone to advise you of seminars, professional events, products.

Level of Membership Eligibility Criteria

(Please select/tick each criterion that is met.)

ALL members, Registered Tax Agent, CPA, CA, Fellow, and Associates applicant (as voting member of the ASSOCIATION OF INTERNATIONAL CHARTERED TAX ACCOUNTANTS) must meet the core voting criteria.

☐ Be of good fame, integrity, and character; and satisfy one or more of the following criteria

A - FULL MEMBERSHIP AICTA (voting member)

- ☐ Hold a degree from a recognised tertiary institution or an equivalent institution in the discipline of accounting; or
- ☐ Hold a degree or have completed the qualifications required to be a legal practitioner; or
- ☐ Registered Tax agent or nominee (in your country); or
- ☐ Have 7 years full-time experience in providing tax agent services in the past 10 years

B - FELLOW (voting member)

- ☐ Meet the core voting membership criteria
- ☐ Has a minimum 5 years relevant tax experience

C - ASSOCIATES & AFFILIATES (voting member)

- ☐ Meet the core voting membership criteria
- ☐ Has a minimum 3 years relevant tax experience
- ☐ Satisfy one or more of the following criteria:
 - ☐ Is a member of ICAA, CPA (not a tax agent); or
 - ☐ Is a lawyer or barrister; or
 - ☐ Is a voting member of a recognised Tax Agent Association



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Documents to prove Eligibility

I have attached copies of relevant documents that prove my eligibility and experience

- ☐ Degree or Diploma certificate
- ☐ Diploma transcript
- ☐ Current legal practicing certificate
- ☐ Current Registered Tax Agent Certificate
- ☐ Current RTAA voting member certificate
- ☐ A letter from a Registered Tax Agent confirming your relevant tax experience
- ☐ Copy of your current resume

Declaration

I honestly declare that the information in this application is true and correct.

I agree to be bound by the AICTA Constitution and BY-LAWS, if my application is approved/successful.

I give AICTA the authority to make investigation of all statements I declared to this application.

I hereby declare that I am a person of good fame, integrity, and character.

Signature _____

Date of Signing _____

Payment method

Please be advised that we do not accept payment by cheque.

Please charge my card ☐ Mastercard ☐ Visa

Card Number _____

Card Expiry Date _____

Name of Cardholder _____

Signature of Cardholder _____

Submit Application

Via Email m.pleno@aicta.com.au

Via Post PO Box 3533, BANKSTOWN SQUARE,
BANKSTOWN, NSW, 2000 AUSTRALIA