Membership Application



The Institute of Internal Auditors, Bangladesh

IIA Membership #: _____

(For office use only)

1. Business Data				
Please type or print clearly.	Mr. Mrs.	Ms. Oth	er	
Last Name(s)	First Name(s)		Middle	Nickname
Organization:		Job Title	::	
Address:				
City:	Mail Code: _		Country:	 -
Business Phone:	Business Fax:			
Business Email:				
2. Personal Data				
Home Address:				
City:	Mail Code:		Country:	
Home Phone:			Mobile Phone:	
Personal Email:				
Have you ever been convicted of a fe	ony?	Yes	No	
Are you a Certified Internal Auditor?	To the state of th	Yes	No	
Other Designations:				
Send mail to:	Home Address	Bostocoad	Business Address	
3. Membership Fees				
Admission Fee: Membership Fee:	_	2,000 4,000 Annual (Ju 6,000	ine to May)	
(Bangladeshi Taka Six	Thousand Only)	•		
Payment should be made through account payee cheque favoring "The Institute of Internal Auditors, Bangladesh"				
4. Applicant's Signature				
I declare that: 1. All information contained o 2. If accepted, I agree to abide members.	n this application	is true and corr		vern its
Applicant's signature:			Date:	

5. Documents to be attached with the completed application form

- 1. An account payee cheque for BDT 6,000 favoring "The Institute of Internal Auditors, Bangladesh"
- 2. Recent Curriculum Vitae
- 3. Two passport size photograph Please send the Application Form to the following address: SEL Trident Tower (13th Floor), Suite # 1305, 57 Purana Paltan Line, Paltan, Dhaka-1000