



Chartered
Accountants
Ireland

47-49 Pearse Street, Dublin 2. Telephone: 01-6377200. Fax: 01-6680842. Web: www.charteredaccountants.ie
The Linenhall, 32-38 Linenhall Street, Belfast BT2 8BG. Telephone: 028 9032 1600. Fax: 028 9023 0071. Web: www.charteredaccountants.ie

APPLICATION FOR ADMISSION TO ASSOCIATE MEMBERSHIP

APPLICATION

To the Council of Chartered Accountants Ireland:

I,
of,

FULL DETAILS IF INCORRECT:
(Block Capitals Please)

OR

Telephone No: _____

Date of Birth: _____

Preferred Mobile No: _____

Preferred Landline No: _____

Preferred Email: _____

Please send all correspondence to my Office Home

hereby apply to be admitted as an Associate Member of the Institute.

I hereby undertake that, if admitted as an Associate Member of the Institute, I will be bound by the provisions of the Royal Charter and by the Bye-laws that are now in force or may hereafter from time to time be made. I hereby give the information required by the Council.

SIGNATURE OF STUDENT: _____ Date: _____

TRAINING

I completed my training contract on:

Expiry Date: _____

with
Firm Name:

Telephone No: _____

CA DIARY OF PROFESSIONAL DEVELOPMENT

I enclose Final Training Review of Professional Development and Declaration by Chartered Accountants Ireland

OR

I enclose the Summary Form of Record of Experience

(Note: The above forms must be signed off by Chartered Accountants Ireland Member (overleaf) at the Recognised Training Firm)

I.T. PROGRAMME

Personal Computing for Accountants (PCA), or

Accounting in a Computer Environment, or

Microcomputers for Accountants

I passed this programme on _____

(Do not submit results)

COMPANY LAW MODULE

Exempt from module

I passed the Company Law module

(tick appropriate box)

NAME FOR CERTIFICATE

OR

Please issue my certificate in the following name:

FINAL ADMITTING EXAMINATIONS

I passed my FAE in _____ (Do not submit results)



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P.T.O.

CERTIFICATE TO BE COMPLETED AND SIGNED OFF BY CHARTERED ACCOUNTANTS IRELAND MEMBER IN RECOGNISED TRAINING FIRM

I, _____, (BLOCK CAPITALS), being a Member of the Institute, certify that
STUDENT, _____, (BLOCK CAPITALS) completed his/her service satisfactorily under Training Contract
with me from _____ 20____ to _____ 20____ for the required period of
_____ years. In my opinion he/she is a fit and proper person to be admitted to Associate Membership of the Institute.

IMPORTANT:

Please note this opinion is based on the above referred to period of service. As STUDENT, _____ has not been employed by TRAINING FIRM, _____ since that period I am not in a position to comment on his/her activities and performance after the end of that period.

SIGNATURE OF CHARTERED ACCOUNTANTS IRELAND MEMBER: _____ **FCA** **ACA**

DATE: _____ **Important:** Student surname must correspond with surname overleaf.

TRAINING IN BUSINESS

Having trained other than in a member firm of the Institute in public practice and under the conditions applicable to such training, I undertake not to practice as a public accountant or to seek to obtain admission as a member in practice until I have furnished such information and have complied with such conditions relating thereto as may be prescribed by the Council from time to time.

SIGNATURE OF STUDENT: _____ DATE: _____

(To be completed by any applicant whose Training Contract was served in an organisation in industry, commerce or the public sector.)

CURRENT EMPLOYMENT

Employed Unemployed

Firm Name _____

Firm Address _____

Telephone No: _____ Fax No: _____

Job Title: _____ Job Start Date: _____

Practising Office In Business Business Category: _____ e.g. Banking, Manufacturing, etc.

Failure to submit the required documentation, duly signed together with appropriate fees, may delay your application being approved by Officer Group.

This checklist will assist you in submitting your application.

CHECK LIST FOR COMPLETION OF THIS FORM

- Student signature for Officer Group
- » Final Review CA Diary / Summary Form of Record of Experience
- » Change of Name (if applicable, please attach copy relevant documentation, i.e. marriage certificate, etc.)
- Current Employer
- Signature of Chartered Accountants Ireland Member (Recognised Training Firm)
- TIB: Signature of Student (IF APPLICABLE)

» **THESE ITEMS MUST BE ATTACHED TO THIS APPLICATION TOGETHER WITH APPROPRIATE FEES.**

OFFICE USE

_____ Date acknowledgement sent

_____ Council Approval date

Amount Received

Membership Joining Fee Euro € _____ Stg _____

Prior Year(s) Subscription(s) (if applicable) Euro € _____ Stg _____

Total Paid Euro € _____ Stg _____

Chartered Accountants Ireland Reviewer: _____

Date: _____

MEMBERSHIP JOINING FEE (MJF)

A remittance for the amount of MJF: Euro € _____ Stg _____ together with prior year(s) subscriptions (if applicable) Euro € _____ Stg _____ must accompany this application. Enclosed is a cheque / money order / credit card number for the TOTAL AMOUNT of Euro € _____ Stg _____. Please charge my: Master / Visa Euro € _____ Stg _____ to Credit Card No. _____ Expiry Date: _____ / _____ MONTH YEAR

CARDHOLDER SIGNATURE: _____ CVC Control Number: _____ (3 digit security number)