



# Affiliate Membership Application Form

Australian Residents Only

## PERSONAL/BUSINESS INFORMATION

Mr  Mrs  Ms  Miss  Other: \_\_\_\_\_ First name/s: \_\_\_\_\_ Family name: \_\_\_\_\_

Preferred first name: \_\_\_\_\_ Preferred name for certificate: \_\_\_\_\_

Residential address or PO Box number: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Date of birth (DD/MM/YYYY): \_\_\_\_\_

Home telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/title: \_\_\_\_\_

Business address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Business mailing address (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Business Telephone: (      ) \_\_\_\_\_ Facsimile: (      ) \_\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

I am currently working for a (please tick appropriate box): \_\_\_\_\_

Listed Company  Private Company  Not-For-Profit  Consulting Firm

Federal Government  State Government  Local Government  Sole Practitioner

Market Capitalisation (\$m): \_\_\_\_\_ Gross Revenue (\$m): \_\_\_\_\_

## MAILING DETAILS

Please send IIA-Australia correspondence to my (please tick appropriate box): Residential or PO Box  Business mailing address

## BRIEF SUMMARY OF SKILLS & EXPERIENCE

## INDUSTRY CODE

Please tick appropriate box

### Agriculture, Forestry, Fisheries

- 0100 Agricultural, forestry, fisheries, production/services

### Mining

- 1000 Mining  
 1300 Oil and Gas extraction

Contract Construction

- 1500 Construction

### Manufacturing

- 2000 Food/kindred products  
 2100 Tobacco manufacturers  
 2200 Textile mill products/apparel  
 2400 Lumber/wood products (incl. furniture/fixtures)  
 2600 Paper and allied products (incl. printing/publishing)  
 2800 Chemicals  
 2830 Drugs and research  
 2840 Petroleum refining and related industries  
 3010 Rubber and plastic products  
 3100 Leather, stone and glass products  
 3300 Primary metal industries  
 3400 Fabricated metal products (including non-electric machinery)  
 3500 Industrial and commercial machinery  
 3510 Aerospace  
 3520 Computers and related devices/equipment  
 3600 Electrical machinery, electronic equipment and supplies  
 3700 Transportation equipment  
 3800 Scientific, photographic, medical goods  
 3900 Miscellaneous manufacturing industries

### Transportation, Communications and Utility Services

- 4000 Land transportation  
 4400 Water transportation  
 4500 Air transportation  
 4700 Other transportation services  
 4800 Communication services  
 4810 Telecommunications  
 4900 Electric/gas  
 4910 Gas services  
 4920 Gas and electric services  
 4930 Sanitary services

### Wholesale and Retail Trade

- 5000 Wholesale trade  
 5300 Retail trade  
 5800 Eating and drinking places

### Financial, Insurance and Real Estate

- 6000 Banking and financial institutions  
 6030 Non banking bank services (eg. leasing)  
 6040 Thrift and savings and loan organisation  
 6100 Credit unions  
 6130 Other credit agencies  
 6200 Security and commodity services  
 6300 Insurance carriers, agents, services  
 6500 Real estate services  
 6700 Holding/investment companies

### Services

- 7000 Hotels/lodging services  
 7200 Personal/social services  
 7300 Contracted audit services  
 7310 Management consultants  
 7320 Information technology services  
 7330 Executive placement services  
 7500 Repair services  
 7600 Gaming/lottery  
 7800 Motion pictures/amusement and recreational services  
 8000 Health services  
 8100 Legal services  
 8200 Educational services  
 8600 Membership organisations  
 8900 Public accounting/accounting/bookkeeping services  
 8910 Miscellaneous services

### Government

- 9100 Federal Government  
 9200 State Government  
 9300 Local Government  
 9400 International government

Non classifiable

- 9900 Non classifiable establishments  
 9999 Not-For-Profit

## JOB CODE

Please select the position that best describes your role and function in your organisation.

- 280 External Public Accountant  
I am a practicing public accountant, chartered accountant, etc.
- 300 Corporate Management  
I am a corporate officer with direct oversight responsibility for internal auditing (and do not qualify under another job code above).
- 310 Educator  
I am principally employed as an educator at a college or university (PhD, BA, BSc, DipEd etc.)
- 340 Audit Committee Member  
I am an audit committee member of a corporate board of directors (and do not qualify under another job code above).

- 350 Management Consultant  
I am primarily an independent consultant with an interest in internal auditing (otherwise refer to another job code).
- 360 Other  
Specify title or job description.

## ACADEMIC QUALIFICATIONS

Please tick as many boxes as appropriate

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> BA    | <input type="checkbox"/> M Sc                       |
| <input type="checkbox"/> B Bus | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> B Com | (Specify): _____                                    |
| <input type="checkbox"/> B Ec  | <input type="checkbox"/> Non-University Certificate |
| <input type="checkbox"/> B Eng | (Specify): _____                                    |
| <input type="checkbox"/> B Sc  | <input type="checkbox"/> University Cert/Diploma    |
| <input type="checkbox"/> LLB   | (Specify): _____                                    |
| <input type="checkbox"/> LLM   |   |
| <input type="checkbox"/> MBA   |   |
| <input type="checkbox"/> M Com |   |
| <input type="checkbox"/> M Ec  |   |

## APPLICATION INFORMATION

Two referees are required, ideally one of those should be a member of IIA-Australia and the other a business associate. If you do not know a member of the IIA-Australia, please provide two business referees.

### Referee 1

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (     ) \_\_\_\_\_ IIA-Australia Member Yes  No

### Referee 2

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (     ) \_\_\_\_\_ IIA-Australia Member Yes  No

## DECLARATION

If you answer YES to any of the questions below, please attach details.

- A. Have you ever been convicted of a criminal offence or is there a charge pending? Yes  No
- B. Have you ever been refused membership, or had membership forfeited, of a statutory, professional or other body? Yes  No
- C. Have you ever been subject to disciplinary proceedings by a statutory, professional or academic institution or other body? Yes  No
- D. Are you presently under any order of the court, are you a bankrupt, have you made any assignment for the benefit of your creditors or have you executed an authority under Part X of the *Bankruptcy Act 1966* within the last three (3) years? Yes  No
- E. Are you subject to a notice not to manage a corporation as provided in section 206, Part 2D.6 or the *Corporations Act 2001*? Yes  No
- F. GradCertIA only: Have you completed 24 months relevant experience? Yes  No

*Please indicate your acceptance of these terms by crossing the box beside each statement.*

I have read and agree to be bound by the provisions of IIA-Australia's Constitution and By-laws prescribing ruling on the standards of practice and professional conduct, including the International Professional Practices Framework, as required by the IIA-Australia to be observed I accept

I have read and will abide by the Code of Ethics adopted by the IIA-Australia to govern its members I accept

I agree to produce such further evidence and information in relation to this application as may be required by the IIA-Australia to attest that the information is true and correct I accept

I have read the Privacy Statement and I consent to my personal information being collected, used and disclosed for the purposes stated I accept

The information provided in this application (including any attachments) is true and correct and I make it in the knowledge that a person making a false declaration is liable to the penalties of perjury I accept

In consideration of the Institute of Internal Auditors-Australia's evaluation of my suitability for professional or associate membership, I understand and agree that confirmation of my responses will be sought. These checks may include, but are not limited to, criminal history and verification of my qualifications and professional membership(s). I hereby authorise the IIA-Australia and its authorised nominees to collect, use, disclose and store personal information about me from third parties, for the purpose of verifying my experience and qualifications.

Additionally, I allow third parties holding personal information about me to release such information to the IIA-Australia and its authorised nominees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information on the above terms can be found at [www.iaa.org.au](http://www.iaa.org.au)

## AFFILIATE MEMBER 2019 MEMBERSHIP FEE SCHEDULE

The membership year runs from 1 July 2019 to 30 June 2020. Fees are pro-rated.

### TAX INVOICE

This document will be a tax invoice/receipt for GST when you make payment. ABN 80 001 797 557

|  |                               |
|--|-------------------------------|
| Annual membership fee (inc. GST)   | \$380*                        |
| Joining Fee** (inc. GST)   | \$110                         |
| <i>Internal Auditor</i> magazine<br>bi-monthly copy by post<br>(will only be delivered within Australia) | <input type="checkbox"/> \$50 |
| <i>Internal Auditor</i> magazine<br>online subscription  | <input type="checkbox"/> \$0  |
| <b>TOTAL COST</b>  | <b>\$</b>                     |

\* Please contact Membership for the exact fee payable  
\*\* IIA-Australia membership fees are non-refundable.

### FOR OFFICE USE ONLY – APPROVAL

Member No: \_\_\_\_\_

Class: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Entered in database by: \_\_\_\_\_

Date: \_\_\_\_\_

Acceptance letter Date: \_\_\_\_\_

Certificate letter Date: \_\_\_\_\_

Stay connected.  
Follow our social networks.



### HOW TO PAY



#### Cheque

Mail this form with your cheque payable to the Institute of Internal Auditors – Australia, PO Box A2311, SYDNEY SOUTH NSW 1235 AUSTRALIA



#### Online Transfer

**Bank:** Westpac Banking Corporation  
**Address:** 84 King Street, Sydney NSW 2000  
**Swift Code:** WPACAU2S **BSB:** 032003 **Account Number:** 478233  
**Account Name:** The Institute of Internal Auditors – Australia

Please ensure your NAME is included in the description field and submit your form.



#### Credit Card

Telephone **1800 236 366** or complete the details below and submit your form. Credit card payments attract a service fee of 1.23% for VISA and Mastercard or 1.05% for American Express and 3% for Diners Club.

AMEX  Diners  Mastercard  Visa

Credit card no. \_\_\_\_\_ Expiry date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of card holder: \_\_\_\_\_

### RETURNING FORM

Please return form and payment to:  
Institute of Internal Auditors - Australia  
PO Box A2311, Sydney South NSW 1235 Australia  
E: membership@iia.org.au