



Transition to Professional Membership

For CIA® or GradCertIA

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: _____ IIA-Australia Membership number: _____

Employer: _____ Position/title: _____

Business address: _____

Suburb: _____ State: _____ Postcode: _____

Business mailing address (if different from above): _____

Suburb: _____ State: _____ Postcode: _____

Business Telephone: () _____ Facsimile: () _____

Primary Email: _____ CIA®/GradCertIA date: _____

Would you like to be involved in the following?

I am interested in being a mentor

I am interested in being an interviewer in the assessment of current competence pathway to Professional Membership.

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

Online Transfer

Bank: Westpac Banking Corporation
Address: 84 King Street, Sydney NSW 2000
Swift Code: WPACAU2S **BSB:** 032003 **Account Number:** 47925
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: _____

DECLARATION

- 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

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

I will undertake, and keep a record of my Continuing Professional Education obligations (currently 80 hours over two years for Professional Member) and (60 hours over two years for Associate Member) 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

RETURNING FORM

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