



APPLICATION FOR RESCISSION (reinstatement within one year of membership lapsing)

Membership No.

FORM CONTENT

Notes to consider when completing this form.
Please complete in black/blue ink/ ball point and use BLOCK LETTERS.

DETAILS

Title	<input type="text" value="Mr/Ms/Mrs/Miss/Other"/>	Family Name	<input type="text"/>			
First Name	<input type="text"/>	Middle Name	<input type="text"/>	Preferred Name	<input type="text"/>	
Position Title	<input type="text"/>					
Organisation Name	<input type="text"/>					
Business Address	<input type="text"/>				City	<input type="text"/>
	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>
					Preferred Mail	<input type="checkbox"/> (please tick)
Work Phone	<input type="text" value="()"/>		Home Phone	<input type="text" value="()"/>		
Work Fax	<input type="text" value="()"/>		Mobile	<input type="text" value="()"/>		
Private Address	<input type="text"/>				City	<input type="text"/>
	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>
					Preferred Mail	<input type="checkbox"/> (please tick)
Private Email	<input type="text"/>				Preferred E-Mail	<input type="checkbox"/> (please tick)
Business Email	<input type="text"/>				Preferred E-Mail	<input type="checkbox"/> (please tick)
Date of Birth	<input type="text"/>	/	<input type="text"/>	/	Male	<input type="checkbox"/>
					Female	<input type="checkbox"/>

IF YOU HAVE PREVIOUSLY HELD A PUBLIC PRACTICE CERTIFICATE, DO YOU ALSO REQUIRE YOUR CERTIFICATE TO BE REINSTATED?
 Yes No If yes Handbook is mandatory.

CPA Australia is committed to protecting your privacy and the confidentiality and security of personal information provided by you to us. You have the right to access any such information held by CPA Australia which relates to you and to correct information which is inaccurate. Access and/or correction requests can be made at your local CPA Australia office or via the CPA Online "Manage your Membership" Service at www.cpaaustralia.com.au

The information you provide us in this Application Form will be used to process your application. For more information on CPA Australia's Privacy Policy, visit our website at www.cpaaustralia.au

Outstanding fees at cessation:

PLUS current year subscription:

PLUS previous year subscription:

PLUS entrance fee:

REINSTATEMENT FEE: (Total)
This fee should accompany this application

Note: Figures include GST where applicable.
Handbooks may be ordered through the CPA store on www.cpaaustralia.com.au

DECLARATION

I HEREBY DECLARE THAT:

1. The information provided in this application is true and correct.
2. If re-admitted I shall be bound by the Memorandum and Constitution and By-Laws of Association of CPA Australia, the By-Laws, Code of Professional Conduct and Pronouncements of the National Board now in force or which may hereafter from time to time be in force.*
3. If re-admitted I make a commitment to undertake structured Continuing Professional Development each year as per PS3 in the Members Handbook. I understand that if I fail to fulfil the commitment of structured Continuing Professional Development during each three year period, I will notify the Organisation.
4. I have read and consented to CPA Australia's use, collection and disclosure of the information supplied in this Application Form.

Applicant's Signature Date / /

*The Memorandum and Constitution and By-Laws of Association of CPA Australia, Code of Professional Conduct, Pronouncements and other documents which bind members may be inspected at any Office of the Organisation. They are part of the Member Handbook which is available free from www.cpaaustralia.com.au

*Members who have not met their CPD obligations to retain CPA or FCPA status will be reinstated as Associate members. For the purposes of rescission, a member's CPD triennium will remain as if membership had not ceased.

PAYMENT

All Cheques should be made payable to **CPA Australia**.

AMEX AUST.BANKCARD MASTERCARD VISA DINERS CLUB CHEQUE

Cardholders Name
Card Number
Expiry date / / Amount Paid \$
Cardholders Signature Date / /

Office Use Only

Fees Paid
Passport Program 2 years previous
ROC Number
Amount Paid
Date Paid / /
Trans. No. (+ Batch ID.)

OFFICE USE ONLY

Date Application Added / / Status Code Date Approved / /
Fees paid Receipt Number Date / /
Date of Original Admission / / Reason for Cessation of Membership
Date of Cessation of Membership / / Status at Cessation
CPD Obligations met at Cessation Yes No

Director's Certificate - I certify that the applicant meets the requirements for re-admission as
subject to payment of a reinstatement fee of \$ as prescribed by National Council.
Divisional Director Date / /
Recommended by Committee Approved by Divisional Council

*When completed please return this form to your Divisional or Branch Office together with the fee.
For further information, please contact your local office.*