

The Institute of Certified Bookkeepers

Making you count



Application for election to membership

Title _____ First Name _____ Surname _____

Postal Address _____

Suburb _____ State _____ Postcode _____

Contact Number _____ Date of Birth _____

Email address _____

Are you a BAS Agent? ☐ Yes ☐ No

Level of Membership	Annual Membership Fee	Monthly Membership Fee
Application fee	\$75.00	Due and payable upon application for Affiliate, Associate and Member
<input type="checkbox"/> Member in Practice *	\$480.00	\$40.00
<input type="checkbox"/> Member in Employment	\$360.00	\$30.00
<input type="checkbox"/> Associate in Practice *	\$432.00	\$36.00
<input type="checkbox"/> Associate in Employment	\$312.00	\$26.00
<input type="checkbox"/> Affiliate	\$264.00	\$22.00
<input type="checkbox"/> Student	\$120.00	n/a

* All members in practice MUST hold a current Professional Indemnity Insurance

Membership Application Method

- ☐ I wish to sit the ICB online General Bookkeeping Assessments
- OR**
- ☐ I am applying for an exemption with a recent qualification
A copy of my qualification (under 2 years old) is attached to this application

Method of Payment (Membership fee and Application fee)

☐ Full Amount ☐ Monthly (Application fee to be paid in full)

☐ Please debit my Credit Card

☐ Visa ☐ MasterCard

Card Number _____

Expiry Date _____ CVC _____

Signed _____

☐ Or, Please debit my bank account

BSB _____ Account Number _____

Account Name _____

Signed _____



Member Certification Statement

To be signed and returned with your Membership Renewal

I apply to renew my membership of the ICB, committing to the following:

1. As a member of ICB, I understand I am a representative of the Institute and all members of ICB
2. As a member of ICB, I agree to abide by the rules and guidelines set out in the ICB Code of Professional Conduct
3. As a member of ICB, I agree to maintain 15 hours of Continuing Professional Education (CPE) per membership year.
4. As a member of ICB, I will respect the copyright and ownership of ICB resources and information and will not make them available to non-members of the ICB.
5. As a practicing member of ICB, I will maintain Professional Indemnity Insurance (PII) in accordance with membership requirements.

OR

As a member in employment of ICB, I verify that I am currently employed

6. I have not had a registration with the Tax Practitioners Board or membership of another Professional Association suspended or terminated.
7. I am not currently undergoing any investigation or criminal or disciplinary proceedings
8. As a member of ICB, I will endeavor to maintain a character of good fame and integrity.

I agree to adhere to the above requirements of ICB membership.

Should anything prevent me from delivering on the above requirements I understand I am obliged to notify the Institute as soon as possible.

Name: _____ Membership # _____

Signed _____ Date _____

Please return to:

Level 27, Rialto South Tower
525 Collins Street Melbourne
VIC 3000
ABN 20 115 901 945

Phone: 1300 85 61 81
Fax: 1300 85 73 93
Email: admin@icb.org.au
Web: www.icb.org.au