

ICMA MEMBERSHIP APPLICATION FORM 2007 - 2008



- >> CMA
- >> AMA
- >> GMA
- >> MAA



NURTURING
FUTURE
LEADERS





Application for ICMA Membership

Please complete this form using a typewriter or write your responses in BLACK ink using BLOCK CAPITAL LETTERS. If there is insufficient space continue on a separate sheet if necessary. Do not send any original documents with this form. The Institute will retain all materials sent with this form. **Please send AUD \$44.00 by Cheque, Bank Draft, or Credit Card details with this application as a non-refundable application fee.** Do not send any other subscription fees money at this stage. You will be invoiced a Joining Fee of AUD \$55.00 for all classes of Members directly by the ICMA if the Membership Committee accepts your application for membership.

Post Nominals

Grade of membership for which you wish to be considered: July 2007 - June 2008 Subscription

Please tick one grade of membership application only

- Certified Management Accountant (CMA) AUD \$198.00
- Degree or Professional Qualification in Accounting, completion of CMA units and 5 years relevant experience
- Associate Management Accountant (AMA) AUD \$165.00
- Degree or Professional Qualification in Accounting and 3 years relevant experience
- Graduate Management Accountant (GMA) AUD \$143.00
- Degree or Professional Qualification in Accounting or completion of Graduate program)
- Management Accountant Affiliate (MAA) AUD \$121.00
- Open Entry for those interested in the field of Management Accountancy

Upgrade Your Qualifications

Government Relations

On Target

Part 1 PERSONAL INFORMATION

Title: (Dr/Mr/Mrs/Ms/Miss/Other) _____ Preferred Name(s) _____
 First Name _____ Middle Name(s) _____
 Last Name(s) _____
 Date of Birth (dd/mm/yy) _____ Sex Male Female

Training and Conferences

Part 2 CONTACT DETAILS

Mailing Address - This is my Home Business
 Address 1: _____
 Address 2: _____
 Suburb _____ City _____ State _____
 Postcode _____ Country _____
 Home: () _____ Work: () _____ Mobile: _____
 Facsimile: () _____ Email _____

Magazine

MA Briefings

Part 3 PRESENT OR MOST RECENT EMPLOYMENT

Employer's Name _____ Date of Appointment _____
 Employer's Address _____
 Post Held/Current Occupation/Situation _____
 Brief Outline of Duties and Responsibilities _____

JAMAR Journal

Important - You must provide your Curriculum Vitae detailing information of the management accounting experience that you think will be of significance to your application, eg. work in reporting to management; financial management; information systems; financial modelling; internal auditing; pricing; logistics; cost analysis etc. (These must be detailed in attached Curriculum Vitae)

Quality Networking

Part 4 CMA MEMBERSHIP (To be completed by all applicants for CMA Membership Status)

I have completed ICMA's CMA Program or obtained full credit for the program by undertaking a study program
 Student Number: _____ from (ICMA RPI or University) _____
 in year _____ (Please provide transcripts or certificate of completion for units completed)



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CFO

Management Accountant

Business Analyst

Financial Controller

Advisor

Finance Director

Accountant

Head of Finance

Consultant

Part 5 INDUSTRY & COMPANY SIZE

- Advertising/Marketing
- Association/ Membership Organisation
- Communications
- E-Business/E-Commerce
- Electricity/Gas/Water
- Finance and Banking
- Government – Admin/Defence
- Hospitality
- Libraries, Museums and the Arts
- Mining/Extractive
- Personal Services (excl Financial Planning)
- Property Services
- Sport/Entertainment/Recreation
- Travel and Tourism
- Agriculture/Forestry/Fishing
- Business Services
- Construction
- Education
- Film/TV/Radio
- Financial Services
- Health/Community Services
- Insurance
- Manufacturing
- Oil/Petroleum
- Printing/Publishing/Recording
- Recruitment
- Transport/Storage
- Wholesale/Retail Trade

Number of Employees

- 1 - 5
- 6 - 10
- 11 - 20
- 21 - 50
- 51 - 100
- 101 - 200
- 201 - 300
- 301 - 500
- 501 - 1000
- 1000+

Part 6 EDUCATION BACKGROUND (Compulsory for all levels of membership)

(Academic and Vocational) Please list University and Post School courses/qualifications either obtained or currently being undertaken that will fulfill the educational requirements of the Graduate Member Program. These might include degrees, graduate diplomas, and any professional or other relevant qualifications

Qualifications	Institution	Year	Specialization
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

(Please provide transcripts of Awards obtained)

Accounting Qualification

You should have a “recognised” accounting qualification. Recognised accounting qualification is either :

- ✓An undergraduate degree with an accounting specialisation (at least 25% of the degree must be accounting and finance subjects) from an “accredited” university, or
- ✓A professional accounting qualification from a body granted a Royal Charter or Government Charter. Most “Certified” bodies are also acceptable, however, in some countries, as the word “Certified” is not a restricted term, there are some accounting bodies using “certified” in their title that would be unacceptable to the ICMA as a recognised accounting qualification.
- ✓Those holding membership of the following accounting professional bodies HAVE been recognised in the past by the ICMA as having a recognised accounting qualification.

- CMA Certification of the IMA (USA)
- All Chartered Accounting bodies worldwide
- AICPA (USA)
- CPA Australia
- MIA (Malaysia)
- MICPA (Malaysia)
- ICPAS (Singapore)
- ICWA (India)
- ICMA (Pakistan)
- CIMA (UK)
- CACA (UK)
- ICSA (UK)
- CGA (Canada)
- SMA (Canada)
- CPAC (China)
- LACPA (Lebanon)
- Saudi Organisation of CPAs (Middle-East)

Please check FAQ section on www.cmaweblne.org for more updated information.



Part 7 PROFESSIONAL MEMBERSHIPS (Provide Current Membership number)

1 _____
2 _____
3 _____

Part 8 PROFESSIONAL INTERESTS

Please select the topics that you would like to receive information about. We will send you technical alerts and e-newsletters relating to these.

- | | |
|--|--|
| <input type="checkbox"/> Auditing – External | <input type="checkbox"/> Advisory Services |
| <input type="checkbox"/> Management Consulting | <input type="checkbox"/> Company Secretarial |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> External Reporting |
| <input type="checkbox"/> Financial Markets | <input type="checkbox"/> General Management |
| <input type="checkbox"/> Information Management / Technology | <input type="checkbox"/> Insolvency and Reconstruction |
| <input type="checkbox"/> Management Accounting | <input type="checkbox"/> Public Sector Issues |
| <input type="checkbox"/> Securities / Funds Management | <input type="checkbox"/> Superannuation |
| <input type="checkbox"/> Treasury | <input type="checkbox"/> Auditing – Internal |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Corporate Governance |
| <input type="checkbox"/> E-Business / E-Commerce | <input type="checkbox"/> Financial Control |
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Human Resources / Training/ |
| <input type="checkbox"/> Industrial Relations | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Law | <input type="checkbox"/> Marketing / Sales |
| <input type="checkbox"/> Risk Management | <input type="checkbox"/> Small Business |

Part 9 YOUR COMMUNICATION PREFERENCE

How would you like us to contact you? Email Mail Fax

Part 10 NON REFUNDABLE APPLICATION FEE

I would like to pay the non-refundable application fee of AUD \$44.00 by:

- Application fees paid to ICMA Recognised Provider Institution in local currency _____
- Money Order/Bank Draft payable to - Institute of Certified Management Accountants (Aus)
- Cheque Number _____ Date _____
- Bank / Institution _____ Branch _____
- MasterCard Visa
- Card No. _____ - _____ - _____ - _____ Expiry Date _____
- Cardholder _____ Signature _____

Part 11 ACCEPTANCE OF RULES

I _____ (name) desire to become a _____ (grade of membership) member with the ICMA. In the event of my admission as a member, I agree to be bound by the Rules of the Institute of Certified Management Accountants for the time being in force.

Signature of Applicant _____ Date _____

Part 12 PROPOSER (If required ICMA will contact the proposer of this application)

I _____ (name), who is a _____ (grade of membership) member of the Institute of Certified Management Accountants or name of other recognised professional accounting body (below), nominate the applicant, who is personally known to me, for membership.

Proposer member of _____ Membership No. _____

Address of Proposer _____

Suburb _____ City _____ State _____

Postcode _____ Country _____

Work: () _____ Email _____

Signature of Proposer _____ Date _____

For Official Purposes Only (Applicants do not complete)

- | | |
|--|---|
| <input type="checkbox"/> Application Received On: | <input type="checkbox"/> Membership Consideration On: |
| <input type="checkbox"/> Approved- Membership No: | <input type="checkbox"/> Not Approved- Reason: |
| <input type="checkbox"/> Applicant Informed of Decision On: | <input type="checkbox"/> Invoiced On: |

Application Checklist

- Duly filled application form
- Application fee (part 10)
- Signatures (part 11 & 12)
- CV (maximum 5 pages)
- Copy of academic transcripts
- Copy of membership certificates
- Other supporting documents

Emailed and Faxed applications ARE NOT ACCEPTABLE and they will be ignored

Mail all applications to:

The Executive Director,

The Institute of Certified Management Accountants

CMA House,

Unit 5, 20 Duerdin Street,

Clayton North, Victoria 3168

AUSTRALIA.

Telephone +61 (03) 9544 7913

Facsimile +61 (03) 9544 7299