

Application for

Special Admission to Membership – Member Reference

The person completing this reference must not be related to the applicant and must be a member of Chartered Accountants Australia and New Zealand or a recognised professional body. A recognised professional body being any Global Accounting Alliance (GAA) body Chartered Accountants Australia and New Zealand has a current Reciprocal Membership Agreement with. Consideration can be made if one of the two required references is from an FCCA member of ACCA.

Please print in **BLOCK LETTERS**. Note: this reference must be signed and dated within 3 months of the date the application is submitted.

Section 1 – Applicant's details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other →	<input type="text"/>
Given name/s (in full)	<input type="text"/>	Family name <input type="text"/>
Membership number	<input type="text"/>	

Section 2 – Referee's details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other →	<input type="text"/>
Given name/s (in full)	<input type="text"/>	Family name <input type="text"/>
Professional accounting body with which current full membership is held	<input type="text"/>	
Professional accounting body member number	<input type="text"/>	
Designation	<input type="text"/>	Date admitted <input type="text"/> / <input type="text"/> / <input type="text"/>
Position title	<input type="text"/>	Company name <input type="text"/>
Company address	<input type="text"/>	
Suburb/City	State <input type="text"/>	Postcode <input type="text"/>
Country	<input type="text"/>	
Email address	Preferred contact phone number	<input type="text"/>

Continued overleaf [▶](#)

Section 3 – Reference information

I am **not** related to the applicant

How long have you known the applicant?

Section 4 – Declaration

I support and recommend the above mentioned applicant for membership of Chartered Accountants Australia and New Zealand. I attest to the applicant's professional experience and that he/she is of good reputation and a fit and proper person to be admitted to Chartered Accountants Australia and New Zealand. I confirm that I am not related to the applicant and that all the information supplied above is true.

Signature

Full name

Date (DD/MM/YYYY)

OFFICE USE ONLY

Declaration signed and dated Dated within 3 months of application