



# Membership Application Form

We value your experience as much as you and your clients

Page 1 of 2

Please complete and forward this form to the address at the bottom of the page

**Please complete the following pages:**

- 1. About your practice
- 2. Partners/Directors and References

**You also need to include:**

- 1. Completed Direct Debit Mandate
- 2. Completed Professional Indemnity Application Form

Both of these documents are available on the 'How To Join' page of our website

**About your Practice:**

Practice Name

Practice Address

Postcode

Telephone  Fax

Mobile  Email

Website

Current status of your Practice

*(Sole Trader/Partnership/Limited Company/LLP)*

Number of Partners/Directors  Year Practice commenced

Have you five or more years in Practice?  Yes  No

*(Delete as applicable)*

If No, how many years in the Profession?  Years

If you have current Professional Indemnity insurance, please include a copy of your Certificate with your application, so we can arrange cover to commence at renewal.

Please tick to confirm that your Certificate is included

**Where did you hear about the ICPA? (Please tick appropriate box)**

ICPA Website  Word of Mouth

ICPA Magazine  Other

*(Please specify)*

If you would like to purchase the ICPA Logo Package for your Business Stationery/Website, please include a cheque made payable to **ICPA Ltd** for **£10 + VAT** and please tick the box here



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## Partners/Directors and References:

### Sole Trader or Principle Partner/Director Details

Title	<input type="text"/>	Forname	<input type="text"/>	Surname	<input type="text"/>
Home Address	<input type="text"/>				
	<input type="text"/>				
Postcode	<input type="text"/>			Date of Birth	<input type="text"/>
Qualifications	<input type="text"/>				

### Additional Partners/Directors Details

Title	<input type="text"/>	Forname	<input type="text"/>	Surname	<input type="text"/>
Home Address	<input type="text"/>				
	<input type="text"/>				
Postcode	<input type="text"/>			Date of Birth	<input type="text"/>
Qualifications	<input type="text"/>				

Title	<input type="text"/>	Forname	<input type="text"/>	Surname	<input type="text"/>
Home Address	<input type="text"/>				
	<input type="text"/>				
Postcode	<input type="text"/>			Date of Birth	<input type="text"/>
Qualifications	<input type="text"/>				

Title	<input type="text"/>	Forname	<input type="text"/>	Surname	<input type="text"/>
Home Address	<input type="text"/>				
	<input type="text"/>				
Postcode	<input type="text"/>			Date of Birth	<input type="text"/>
Qualifications	<input type="text"/>				

*If more than four Partners/Directors, please provide details on an additional sheet*

### References

This can be one ICPA member or two persons who can testify your integrity (*references will be taken up*), for example; Clients, other Accountants, etc. Please ensure that your referees know that they will be contacted by the ICPA when your membership application is received

Title	<input type="text"/>	Forname	<input type="text"/>	Surname	<input type="text"/>
Profession/Occupation	<input type="text"/>				
Company Name	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>			Postcode	<input type="text"/>

Title	<input type="text"/>	Forname	<input type="text"/>	Surname	<input type="text"/>
Profession/Occupation	<input type="text"/>				
Company Name	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>			Postcode	<input type="text"/>