

## Application for Membership Form

Registered Tax Agent, CPA, CA, Fellow, Associates, or affiliates members must use this APPLICATION form.

PLEASE PRINT IN BLOCK LETTERS

### Personal Information

Title (Mr., Mrs., Miss, Others) \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth (DD/MM/CCYY) \_\_\_\_\_

Country of Birth \_\_\_\_\_

**FULL DISCLOSURE:** You must disclose if you have been convicted of criminal offence, subjected to disciplinary action by a statutory, professional, or other body, or are you currently in bankruptcy or prohibited under the corporation law to manage a corporation.

Yes  No

If your answer is yes, you must attached documents I confirm That I am a person of good fame, integrity and character.

### Address and Contact Details

Company/Business Name \_\_\_\_\_

Position \_\_\_\_\_

Business Address \_\_\_\_\_

Business Postal Address/Country \_\_\_\_\_

Business Telephone \_\_\_\_\_

Business Email \_\_\_\_\_

Home Address/Country \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

### TAX AGENT Criteria

1. Are you a tax agent?

Yes  No

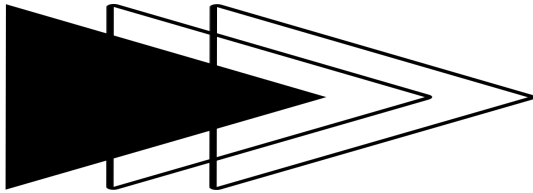
Tax Agent registration no: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

2. High education attained

Do you have a degree in Accountancy?

Yes  No



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Name of Accounting Institution:  
Name of Accountancy degree:  
Country degree was completed  
Year degree was awarded

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3. Are you a legal practitioner?

Yes  No

Name of legal qualification  
Year admitted to practice and provided legal services  
State or Country of registration

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## Privacy

The IRTA seriously considers the Privacy Act and every country's principle.

All Information provided by you is necessary for assessing membership eligibility criteria.

If you do not wish to have your details used by IRTA please advise in writing.

IRTA will contact you via email or direct mail or telephone to advise you of seminars, professional events, products.

## Level of Membership Eligibility Criteria

(Please select/tick each criterion that is met.)

ALL members, Registered Tax Agent, CPA, CA, Fellow, and Associates applicant (as voting member of the  
INSTITUTE OF REGISTERED TAX AGENTS ) must meet the core voting criteria.

Be of good fame, integrity, and character; and satisfy one or more of the following criteria

### A - FULL MEMBERSHIP IRTA (voting member)

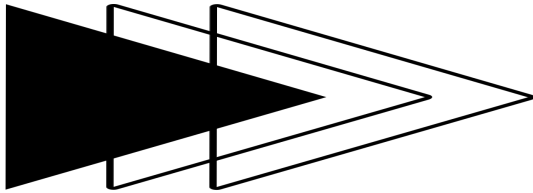
- Hold a degree from a recognised tertiary institution or an equivalent institution in the discipline of accounting; or
- Hold a degree or have completed the qualifications required to be a legal practitioner; or
- Registered Tax agent or nominee (in your country); or
- Have 7 years full-time experience in providing tax agent services in the past 10 years

### B - FELLOW (voting member)

- Meet the core voting membership criteria
- Has a minimum 5 years relevant tax experience

### C - ASSOCIATES & AFFILIATES (voting member)

- Meet the core voting membership criteria
- Has a minimum 3 years relevant tax experience
- Satisfy one or more of the following criteria:
  - Is a member of ICAA, CPA (not a tax agent); or
  - Is a lawyer or barrister; or
  - Is a voting member of a recognised Tax Agent Association



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### Documents to prove Eligibility

I have attached copies of relevant documents that prove my eligibility and experience

- Degree or Diploma certificate
- Diploma transcript
- Current legal practicing certificate
- Current Registered Tax Agent Certificate
- Current RTAA voting member certificate
- A letter from a Registered Tax Agent confirming your relevant tax experience
- Copy of your current resume

### Declaration

I honestly declare that the information in this application is true and correct.

I agree to be bound by the IRTA Constitution and BY-LAWS, if my application is approved/successful.

I give IRTA the authority to make investigation of all statements I declared to this application.

I hereby declare that I am a person of good fame, integrity, and character.

Signature \_\_\_\_\_

Date of Signing \_\_\_\_\_

### Payment method

Please be advised that we do not accept payment by cheque.

Please charge my card  Mastercard  Visa

Card Number \_\_\_\_\_

Card Expiry Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

### Submit Application

Via Email [m.pleno@irta.com.au](mailto:m.pleno@irta.com.au)

Via Post PO Box 3533, BANKSTOWN SQUARE,  
BANKSTOWN, NSW, 2000 AUSTRALIA