

Membership Application Form

L7 Apprentices

 Contact ID -

Personal details

Please enclose documentary evidence of any name change (only if you haven't already done so).

Title (Mr/Mrs/Miss/Ms/other)

Surname/Family name

Forename(s)

Daytime phone

no. Country Code

Area Code

Phone number

Extension

Email Address

Date of birth (dd/mm/yy)

 / /

Age

Nationality

Correspondence Address

Town/City

County/State

Country

Post Code/Zip Code

Please return your completed form to membership.admissions@aicpa-cima.com

Declaration by the applicant by signing this form (please read carefully)

I hereby make application for election as a Member of CIMA on the basis of the particulars given below.

I declare that:

1. I have been, or am currently, subject to a disciplinary sanction by any professional body, employer; tribunal, or education provider;
2. I have unspent convictions;
3. I am currently subject to an order or undertaking under the Company Directors Disqualification Act 1986 or subject to any similar restriction under legislation in another jurisdiction;
4. I am currently subject to any bankruptcy restriction order or undertaking, Individual Voluntary Arrangement (IVA) involving payment of monies to creditors.

Place a tick in the box ONLY if any of the paragraph above is applicable.

By signing below I confirm that I have gained the minimum required work experience as described in the CIMA Practical Experience Guidelines

The particulars I have given in this application are correct and I recognise that if I am elected to membership but later found to have provided untrue or misleading information in connection with this application I may be subject to disciplinary action and may be removed from the list of members.

I undertake, if elected, to comply with the Laws of the Institute, to uphold CIMA's professional standards and to comply with the Code of Ethics, adopting the fundamental principles in my working life.

I hereby make application for election to membership of the Institute on the basis of the particulars given, which I certify are correct. I confirm that I have read both the Bye-laws and Regulations and the ethical guidelines of the Institute and agree to be governed by these as now constituted, or as they may hereafter be amended.

I recognise that, until I obtain membership, I must not refer to myself as CIMA qualified, a CIMA member, an Associate or Fellow member of CIMA, a Chartered Management Accountant, or use the designatory letters FCMA or ACMA after my name.

Please note, if you are awarded membership before 1 October, you will be liable to pay the balance of the ACMA subscription for the whole year.

Signature

Date

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