



Membership Application Process Summary

Requirements

The table below summarises the key requirements for the different classes of membership

	Full Member	Associate	Lender	Academic	Student
Referees	Yes	Yes	Yes	Yes	No
IEP	Yes	No	No	No	No
Agree to Constitution & Codes	Yes	Yes	Yes	Yes	Yes
Foundation Body Membership	Yes	No	No	No	No
Insolvency Experience	3 years	Interest only	Working in Insolvency Finance	Interest only	No

All membership applications require approval from the Board, or committee or individual, with delegated authority. Guests are not members.

Process

You need to:

1. on the web site – select the Tabs: **Membership, Join**
2. select membership category:
3. complete all the required fields (you must include your individual work email)
4. pay for your application (except student or guest)

Once payment is received, the Membership Manager will:

5. send you a completed Application Form for signature (see attached)
6. enable temporary web access pending approval of your membership

You then need to:

7. complete the form
8. have your referees sign. (referees must be *full members*)
9. return the completed form to the membership Manager by facsimile + 61 2 9290 2820

Once the correctly completed form is received, the Membership Manager will:

10. verify the data and may call referees, employers and your association
11. forward your application to the relevant Division for approval and if approved
12. include your application in the next Board meeting; and if approved
13. advise you of the approval, confirm your web access and send you a Membership Kit



Membership Application Form

(this form will be generated from the information provided by the on-line application process)

First Name				Surname				
Position/Role								
Address								
City			State			Post Code		
Country			Phone			Fax		
Mobile			Email					
Professional Experience								
Years in Insolvency				Year Graduated IEP				
Current Employer				Date Commenced Month/Year				
Previous Employers (past 5 years)								
<input type="checkbox"/> Please attach CV & proof of employment								
Year First Registered (if applicable)	Registered Liquidator			Official Liquidator			Trustee	
Professional Association (full/professional member)	<input type="checkbox"/> ICAA		<input type="checkbox"/> CPA		<input type="checkbox"/> Law Society			
Referees (must be full members)								
Proposer				Second				
Name				Name				
Firm				Firm				
Phone				Phone				
Signature				Signature				

Declaration

1. I am applying for Full / Associate / Lenders Group / Academic (please indicate) Membership
2. I declare the above information and my attached CV to be true and correct.
3. I am a full member in good standing of the Professional Association(s) indicated above (if applicable)
4. I know of no reasons why I should not be admitted as a Member of the IPAA
5. I agree to be bound by the IPAA Constitution, Regulations and Codes of Practice as may be published from time to time
6. I give permission for the IPAA to contact my Employers, Referees and Professional Association(s) to verify the accuracy of the provided information

Signed: **Date** / / 20....

Instructions: Please

1. check the details for accuracy and make any changes
2. complete any blank fields
3. sign and date and fax to the IPAA on +61 2 9290 2820

Office Only	Date	Authorized
Payment		
Data Vfd		
Division		
Board		
Entered		