



FIJI INSTITUTE OF ACCOUNTANTS

Fiji Teachers Union Building

Level 3 3 Berry Road, GPO Box 681, Suva, Fiji

Telephone: 3305 807; Facsimile: 3305 588; Mobile: 99999949; Email: info@fia.org.fj

MEMBERSHIP APPLICATION FORM FOR STUDENT MEMBER

Please complete **ALL** the sections (1-8) below and return the application with payments to the Fiji Institute of Accountants (FIA). Please print clearly in **BLOCK LETTERS**.

Section 1 – Personal Details (Please state your name as per your Birth Certificate, provide a certified original copy of your valid student identification card)

Title: Mr Mrs Miss

Surname:

First Name:

Middle Name:

Date of Birth:

Student Identification No.

Section 2 – Contact Details (Please provide both email addresses student and personal)

a) Residential contact details

Street Address:

City:

Division:

Country:

Phone (Business):

Mobile:

Postal Address:

Email (preferred):

Email (alternative):

Section 3 – Academic Study (Please provide a letter of Acceptance from relevant Tertiary Institution)

a) Program of Study Certificate Diploma Degree Post Graduate

b) Course of Study

Section 4 – References

Please provide names of two (2) persons, not relatives, whom the Council may ask for references as to personal character. One person **MUST** be a lecturer at the Tertiary Institution that you are currently enrolled in. Second person **MUST** be a personal reference NOT related to the applicant.

Name of Reference 1:

Profession:

Position:

Organisation:

Contact details: Mobile:

Email Address:

Name of Reference 2:

Profession:	Position:
Organisation:	
Contact details: Mobile:	Email Address:
Section 5 - Payment	
There is NO Application fee charged to this application. Only payment required is the membership subscription fee of \$10.90 VIP.	
Section 6 – Mode of Payment (Please tick one of the following mode of payment)	
1. <input type="checkbox"/> Bank Cheque: Enclosed with this application form is a bank cheque for the sum of \$10.90 VIP outlines on Section 5.	
2. <input type="checkbox"/> Electronic Payment: Payment must be directly to the Fiji Institute of Accountants bank account – ANZ Bank Account # 1322223 BSB 010 890. Please include your name as part of your narration and attach your confirmed bank transaction for our verification and records.	
Section 6 – Submitting your application form	
Send the Completed form to: The Executive Director, Fiji Institute of Accountants, PO Box 681, Suva, Fiji	
For any queries: email: info@fia.org.fj ; mobile: 9999949	
Section 7 – For Official Use Only	
1. Observance of Act, Rules and By-laws	
I.....hereby by undertake that, if registered as a Member. I will be bound by the provisions of the Act, the Rules that are now in force or may hereafter from time to tome be made pursuant to the Act, and the By-laws now in force or amended from time to time by the Council.	
Signature:	Date:
2. Consent to Disclosure to Third Parties	
I agree and consent that information provided in this form can be used by the Institute to be verified with the Third parties.	
Signature:	Date:
3. Declaration	
Ihereby declare that all the information provided in this application is true and correct.	
Signature:	Date: