



MEMBERSHIP APPLICATION FORM

For Office Use Only

IIA Membership Number.....

Please Type or Print Clearly and Tick Appropriate Box

BUSINESS DATA

Preferred Title: Mr. Mrs. Ms. Miss Others (Specify).....

Name.....
(Surname) (First Name) (Middle Names)

Previous Full Name.....

Organisation..... Job Title.....

Business Address

Office Telephone No..... Fax No.....

Mobile Phone No..... E-Mail.....

PERSONAL DATA

Residential Address.....

Telephone No..... Fax..... E-Mail.....

* Send Mail to : Business Address Residential Address

Date of Birth..... Sex : Male Female

Marital Status : Married Single Nationality.....

Have you been convicted of any felony? Yes No



EDUCATION

Schools and Colleges Attended

<u>Name of Institution</u>	<u>Location</u>	Month/Year <u>From</u>	Month/Year <u>To</u>
.....
.....
.....
.....

Educational Qualification

(Highest Qualification First)

<u>Qualification/Certificate</u>	<u>Date Obtained</u>
.....
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.....
.....

Professional Qualifications

Date Obtained

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.....

Management and Refresher Courses Attended

Course

Date Attended

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Other Training

Training Programme

Date Attended

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Membership of Professional Associations

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CURRENT AND PREVIOUS EMPLOYMENT DATA

Name of Organisation	Position Held	Month/year From	Month/year To
.....
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.....
.....

DECLARATION

I declare that:

1. All information contained on this application is true and correct.
2. If accepted, I agree to abide by the Code of Ethics adopted by the Institute of Internal Auditors to govern its members.

Applicant's Signature..... Name of Head of Dept.....
 Date..... Signature.....
 Date.....
 * Signature should bear Head of Dept's stamp

- NB. Completed Application Forms should be forwarded to the IIA Secretary together with the following:**
1. Photocopies of your Certificates
 2. One Passport size photograph endorsed by your Head of Department

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Date Received..... Recommended Class of Membership.....
 Signature of President.....
 Date.....

