



THE INSTITUTE OF INTERNAL AUDITORS (GHANA)

2nd Floor, CLOGSAG Building, Ministries Enclave, Accra

P.O. BOX SD 173, STADIUM, ACCRA, GHANA

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Website: www.iiaghana.org Email: office@iiaghana.org

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.....

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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>
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.....
.....

Educational Qualification
(Highest Qualification First)

Qualification/Certificate	Date Obtained
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.....

Professional Qualifications **Date Obtained**

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Management and Refresher Courses Attended

<u>Course</u>	<u>Date Attended</u>
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Other Training

<u>Training Programme</u>	<u>Date Attended</u>
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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

Office Use Only

Date Received..... Recommended Class of Membership.....

Signature of President.....

Date.....