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APPLICATION FOR MEMBERSHIP

Please accept this as my application to become an Associate member of The Institute of Licensed Trade Stock Auditors pending my taking the appropriate examination and qualifying as a full member. I hereby declare that the information given on this application form is, to the best of my knowledge, correct.

DATE _____ SIGNATURE _____

PLEASE USE BLOCK CAPITALS

1.	NAME (IN FULL) _____
2.	ADDRESS (HOME) _____ _____ _____ POST CODE _____
3.	ADDRESS (BUSINESS) _____ _____ _____ POST CODE _____
4.	DATE OF BIRTH _____
5.	TELEPHONE _____ BUSINESS TELEPHONE _____ FAX _____ MOBILE _____ E-MAIL _____ WEB _____
6.	NAME AND NATURE OF BUSINESS _____ _____ POSITION HELD _____
7.	DATE BUSINESS ESTABLISHED OR LENGTH OF TIME WORKING THERE _____ _____

P.T.O.

8.	PREVIOUS WORK HISTORY (CONTINUE ON SEPARATE SHEET IF NECESSARY)	

9.	DETAILS OF TRAINING AS A STOCKTAKER (IF ANY) WITH DETAILS AND DATES	

10.	OTHER PROFESSIONAL QUALIFICATIONS WITH DATES	

PLEASE GIVE THE NAMES OF TWO BUSINESS ACQUAINTANCES WHO CAN SPEAK FOR YOUR INTEGRITY AND CHARACTER AND TO WHOM THIS INSTITUTE CAN APPLY FOR REFERENCES. COMPLETE IN BLOCK CAPITALS.

11.	NAME _____	NAME _____
	ADDRESS _____	ADDRESS _____
	_____	_____
	_____	_____
	POST CODE _____	POST CODE _____
	EMAIL ADDRESS _____	EMAIL ADDRESS _____
	TELEPHONE _____	TELEPHONE _____
	POSITION _____	POSITION _____

OFFICE USE ONLY

12.	DATE OF ENTRY _____	EXAM DETAILS
	MEMBER NO _____	
	DATE MEMBER _____	
	DATE FELLOW _____	
	FELLOW NO _____	