

**GUILD OF  
INDUSTRIAL, COMMERCIAL and INSTITUTIONAL  
ACCOUNTANTS**

**ADMIN OFFICE: 36 TANDIAN COURT, WOODBRIDGE, ON, L4L 8Z9**

**APPLICATION FOR MEMBERSHIP**

NAME (please print): Mr Mrs Ms Miss \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE NO: (    ) \_\_\_\_\_ FAX NO: (    ) \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EDUCATION: HIGH SCHOOL \_\_\_\_\_ YEARS COLLEGE/UNIVERSITY \_\_\_\_\_ YEARS

DEGREES, DIPLOMAS or DESIGNATIONS:  
\_\_\_\_\_  
\_\_\_\_\_

QUALIFICATIONS: (Indicate courses completed in Accounting and/or Business & Management subjects. Give name of school, college or university.) \_\_\_\_\_  
\_\_\_\_\_

COURSES BEING STUDIED: \_\_\_\_\_  
\_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TEL # (    ) \_\_\_\_\_ FAX # (    ) \_\_\_\_\_

NO. OF YEARS WITH COMPANY: \_\_\_\_\_ BUSINESS EMAIL \_\_\_\_\_

PRESENT POSITION: \_\_\_\_\_

PRESENT DUTIES AND RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS EXPERIENCE (MOST RECENT FIRST)

<u>ORGANIZATION/COMPANY</u>	<u>LOCATION</u>	<u>POSITION</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTES: \_\_\_\_\_

COMMUNITY INVOLVEMENT:

SERVICE CLUBS \_\_\_\_\_

\_\_\_\_\_

SPORTS CLUBS \_\_\_\_\_

\_\_\_\_\_

OTHER COMMUNITY ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

FUTURE GOALS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHY ARE YOU APPLYING FOR MEMBERSHIP IN THE Guild of ICIA? \_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR OF THE GUILD? \_\_\_\_\_

\_\_\_\_\_

OTHER INFORMATION \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above information is correct and complete, and that, if this application is approved, I shall forward the required Annual Dues upon receipt of notice. Enclosed is the entrance fee of \$20.00 plus HST of \$2.60, total \$22.60

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\_\_\_\_\_ Date

\_\_\_\_\_ Signature

This application should be endorsed by two members in good standing in the Guild. If members not known to you please supply letters of recommendation from two persons of good standing in your community.

\_\_\_\_\_

OFFICE USE

\_\_\_\_\_ Sponsor

\_\_\_\_\_ Sponsor

Date Application Received: \_\_\_\_\_

Approval: Accreditation Committee \_\_\_\_\_

Date approved: \_\_\_\_\_