



# INSTITUTE OF SOLOMON ISLANDS ACCOUNTANTS

P O Box 1581, Honiara, Solomon Islands  
Telephone: Secretariat 20131 Email: isiasecretariat@gmail.com

## MEMBERSHIP APPLICATION FORM

### APPLICANT DETAILS

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### MEMBERSHIP APPLICATION

(TICK APPROPRIATE BOX)

<u>Institute Membership:</u>		<u>Application Fee</u>	<u>Annual Membership Fee</u>
Certified Practicing Accountant	<input type="checkbox"/>	[\$50]	[\$500]
Associate	<input type="checkbox"/>	[\$50]	[\$500]
Technician/Bookkeeper	<input type="checkbox"/>	[\$50]	[\$500]
Student	<input type="checkbox"/>	[\$50]	[\$100]

**Registration Category:** [applicable to practitioners providing accountancy & auditing services to the public]

**For Certified Practicing Accountants [select one or more categories]**

		<u>Annual Registration Fee</u>
Registered Certified Practicing Accountant – Non-Residence	<input type="checkbox"/>	[8,000]
Registered Certified Practicing Accountant – Residence	<input type="checkbox"/>	[\$2,400]

**For Associates and Technicians**

Registered Book-keeper	<input type="checkbox"/>	[\$1,300]
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### EMPLOYER DETAILS

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

EMPLOYER ADDRESS: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### REFEREE DETAILS (at least two)

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

CLASS OF MEMBERSHIP: \_\_\_\_\_ CLASS OF MEMBERSHIP: \_\_\_\_\_

Membership No: \_\_\_\_\_ Membership No: \_\_\_\_\_

NUMBER OF YEARS OF MEMBERSHIP: \_\_\_\_\_ NUMBER OF YEARS OF MEMBERSHIP: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### COMPULSORY ATTACHMENTS:

DETAILED CV, CERTIFIED COPIES OF ACADEMIC QUALIFICATION(S), LETTERS OF REFERENCE

Where the applicant is applying on the basis of being a member of a recognized professional accounting body overseas, then a letter from that Institute, indicating that the applicant is a current member of such institute, stating the class of membership, and stating that the member is in financial good standing at the time of the application, MUST be attached. CPA and Registered Bookkeepers, referee must be a CPA recognized and registered by the Institute.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE