



MEMBERSHIP APPLICATION

Application may be submitted to IIA local chapter

Please Type or Print Clearly (if more space is necessary, attach separate sheet)

PERSONAL DATA

Name.Mr.Mrs.Ms.Other _____
(Name as you want it to be recorded with IIA – India)

Home Address _____

City _____ State _____ Pin Code _____

Home Phone (with city code) _____ e-mail id _____ Mobile No. _____

Mail to be sent to your () Home Address () Business Address

Full Name _____
(If different from above. For record at local chapter)

EDUCATION

Graduation Degree _____ Year _____

Highest Degree _____ Year _____

Professional Qualification, if any (Mention name of the Institute also & attach certificates)

BUSINESS DATA

Company _____

Address _____

City _____

State _____ Pin _____ Phone(with STD Code) _____ Fax No. _____

Type of Business _____

Designation/Job Title _____

Nature of Responsibilities _____

Period Employed: From _____ To: _____ Years in present position _____

Are the auditing activities of your company
under your jurisdiction? Yes () Partly () No ()

Number of Internal auditors on company staff _____

REFERENCES

Two reference names are required. It is preferable that one of them be a member of The Institute of Internal Auditors, Inc. The second reference should be a business acquaintance. If you do not know a member of The Institute, give two business references. References not required for CIAs.

1. Name _____
Position _____
Business Affiliation _____
Address _____
Telephone Office _____ Residence _____
Member of IIA: Yes () Membership No. _____ No ()

2. Name _____
Position _____
Business Affiliation _____
Address _____
Telephone Office _____ Residence _____
Member IIA: Yes () Membership No. _____ No ()

I declare that:

1. All information contained in this application is true and correct,
2. I have read and will abide by the Code of Ethics adopted by The Institute of Internal Auditors, Inc., to govern its members.

Applicant's Signature

Date

Applicants Please complete:

Amount Paid: Rs. 3500/- + Applicable Service Tax.
(Rupees)
Admission Fee : Rs.1500/- Annual Subscription: Rs.2000/- .
Others, if any
Details of Cheque No. _____ Date: _____ Drawn on: _____ Branch _____

Signature
Please make the payment in favour of "The Institute of Internal Auditors Calcutta Chapter"
IIA JOURNAL- Hard Copy Rs. 1000/- for annual 6 issues. Also accessible online.

APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE

FOR CHAPTER: (Two signatures necessary)

Date Received _____ Chapter Name _____

Recommended Membership Class _____

For Chapter Board of Governors _____

Date _____ Signature _____ Signature _____
