

ICMA
UPGRADE
APPLICATION
FORM

- >> AMA TO CMA
- >> GMA TO AMA

NEXT LEVEL AWAITS YOU



ICMA members are highly skilled strategic management professionals active in virtually every aspect of business operations. As experts in the field of management accounting, they analyse, interpret and communicate strategic information to all levels of an organisation.



ICMA Membership Upgrade Form

Please complete this form using a typewriter or write your responses in BLACK ink using BLOCK CAPITAL LETTERS. If there is insufficient space continue on a separate sheet if necessary. Do not send any original documents with this form. All materials sent with this form will be retained by the Institute. You will be invoiced directly by the Institute if your application for the upgrading of membership is accepted by the Membership Committee.

NEXT LEVEL
AWAITS YOU

Post Nominals

Grade of membership for which you wish to be upgraded: _____ **Upgrade fee** _____

Please tick one grade of membership application only

Certified Management Accountant (CMA) AUD \$66.00

- Only for AMA members who have completed the CMA program

Associate Management Accountant (AMA) AUD \$66.00

- Only for GMA members who have completed 3 years relevant experience

Upgrade Your Qualifications

Part 1 PERSONAL INFORMATION

Current membership/certificate number _____ First year of membership _____

Title: (Dr/Mr/Mrs/Ms/Miss/Other) _____ Preferred Name(s) _____

First Name _____ Middle Name(s) _____

Last Name(s) _____

Date of Birth (dd/mm/yy) _____ Sex Male Female

Government Relations

On Target

Part 2 CONTACT DETAILS

Mailing Address - This is my Home Business

Address 1: _____

Address 2: _____

Suburb _____ City _____ State _____

Postcode _____ Country _____

Home: () _____ Work: () _____ Mobile: _____

Facsimile: () _____ Email _____

Training and Conferences

Magazine

Part 3 PRESENT OR MOST RECENT EMPLOYMENT

Employer's Name _____ Date of Appointment _____

Employer's Address _____

Post Held/Current Occupation/Situation _____

Brief Outline of Duties and Responsibilities _____

Important - You must provide your Curriculum Vitae detailing information of the management accounting experience that you think will be of significance to your application, eg. work in reporting to management; financial management; information systems; financial modelling; internal auditing; pricing; logistics; cost analysis etc. (These must be detailed in attached Curriculum Vitae)

MA Briefings

JAMAR Journal

Part 4 CMA MEMBERSHIP (To be completed by all AMA applicants upgrading to CMA status)

I have completed ICMA's CMA Program or obtained full credit for the program by undertaking a study program

Student Number: _____ from (ICMA RPI or University) _____

in year _____ (Please provide transcripts or certificate of completion for units completed)

Grade obtained for CMA units

<u>Units</u>	<u>Grade Obtained</u>
Strategic Cost Management	_____
Strategic Business Analysis	_____

Quality Networking



NEXT LEVEL
AWAITS YOU

CFO

Management Accountant

Business Analyst

Financial Controller

Advisor

Finance Director

Accountant

Head of Finance

Consultant

Part 5 INDUSTRY & COMPANY SIZE

- | | |
|--|---|
| <input type="checkbox"/> Advertising/Marketing | <input type="checkbox"/> Association/ Membership Organisation |
| <input type="checkbox"/> Communications | <input type="checkbox"/> E-Business/E-Commerce |
| <input type="checkbox"/> Electricity/Gas/Water | <input type="checkbox"/> Finance and Banking |
| <input type="checkbox"/> Government – Admin/Defence | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Libraries, Museums and the Arts | <input type="checkbox"/> Mining/Extractive |
| <input type="checkbox"/> Personal Services (excl Financial Planning) | <input type="checkbox"/> Property Services |
| <input type="checkbox"/> Sport/Entertainment/Recreation | <input type="checkbox"/> Travel and Tourism |
| <input type="checkbox"/> Agriculture/Forestry/Fishing | <input type="checkbox"/> Business Services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Education |
| <input type="checkbox"/> Film/TV/Radio | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Health/Community Services | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Oil/Petroleum |
| <input type="checkbox"/> Printing/Publishing/Recording | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Transport/Storage | <input type="checkbox"/> Wholesale/Retail Trade |

Number of Employees

- | | | | |
|-------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 1 – 5 | <input type="checkbox"/> 6 – 10 | <input type="checkbox"/> 11 – 20 | <input type="checkbox"/> 21 – 50 |
| <input type="checkbox"/> 51 – 100 | <input type="checkbox"/> 101 – 200 | <input type="checkbox"/> 201 – 300 | <input type="checkbox"/> 301 – 500 |
| <input type="checkbox"/> 501 – 1000 | <input type="checkbox"/> 1000+ | | |

Part 6 EDUCATION BACKGROUND (Compulsory for all levels of membership)

(Academic and Vocational) Please list University and Post School courses/qualifications either obtained or currently being undertaken that will fulfill the educational requirements of the Graduate Member Program. These might include degrees, graduate diplomas, and any professional or other relevant qualifications

Qualifications	Institution	Year	Specialization
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

(Please provide transcripts of Awards obtained)

Accounting Qualification

You should have a “recognised” accounting qualification. Recognised accounting qualification is either :

- ✓An undergraduate degree with an accounting specialisation (at least 25% of the degree must be accounting and finance subjects) from an “accredited” university, or
- ✓A professional accounting qualification from a body granted a Royal Charter or Government Charter. Most “Certified” bodies are also acceptable, however, in some countries, as the word “Certified” is not a restricted term, there are some accounting bodies using “certified” in their title that would be unacceptable to the ICMA as a recognised accounting qualification.
- ✓Those holding membership of the following accounting professional bodies HAVE been recognised in the past by the ICMA as having a recognised accounting qualification.

All Chartered Accounting bodies worldwide

- | | |
|-------------------|------------------|
| AICPA (USA) | CPA Australia |
| MIA (Malaysia) | MICPA (Malaysia) |
| ICPAS (Singapore) | ICWA (India) |
| ICMA (Pakistan) | CIMA (UK) |
| CACA (UK) | ICSA (UK) |
| CGA (Canada) | SMA (Canada) |
| CPAC (China) | LACPA (Lebanon) |

Saudi Organisation of CPAs (Middle-East)

Please check FAQ section on www.cmaweblne.org for more updated information.

Application Checklist

- Duly filled application form
- Upgrade fee (part 10)
- Signatures (part 11 & 12)
- CV (maximum 5 pages)
- Copy of academic transcripts
- Copy of membership certificates
- Other supporting documents

Emailed and Faxed applications ARE NOT ACCEPTABLE and they will be ignored

Mail all applications to:

The Executive Director,

The Institute of Certified Management Accountants

CMA House,

Unit 5, 20 Duerdin Street,

Clayton North, Victoria 3168

AUSTRALIA.

Telephone +61 3 8555 0358

Facsimile +61 3 8555 0387

Part 7 PROFESSIONAL MEMBERSHIPS (Provide current membership number)

- 1 _____
2 _____
3 _____

Part 8 PROFESSIONAL INTERESTS

Please select the topics that you would like to receive information about. We will send you technical alerts and e-newsletters relating to these.

- | | |
|--|--|
| <input type="checkbox"/> Auditing – External | <input type="checkbox"/> Advisory Services |
| <input type="checkbox"/> Management Consulting | <input type="checkbox"/> Company Secretarial |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> External Reporting |
| <input type="checkbox"/> Financial Markets | <input type="checkbox"/> General Management |
| <input type="checkbox"/> Information Management / Technology | <input type="checkbox"/> Insolvency and Reconstruction |
| <input type="checkbox"/> Management Accounting | <input type="checkbox"/> Public Sector Issues |
| <input type="checkbox"/> Securities / Funds Management | <input type="checkbox"/> Superannuation |
| <input type="checkbox"/> Treasury | <input type="checkbox"/> Auditing – Internal |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Corporate Governance |
| <input type="checkbox"/> E-Business / E-Commerce | <input type="checkbox"/> Financial Control |
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Human Resources / Training/ |
| <input type="checkbox"/> Industrial Relations | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Law | <input type="checkbox"/> Marketing / Sales |
| <input type="checkbox"/> Risk Management | <input type="checkbox"/> Small Business |

Part 9 YOUR COMMUNICATION PREFERENCE

How would you like us to contact you? Email Mail Fax

Part 10 NON REFUNDABLE APPLICATION FEE

If my application is approved by the ICMA membership committee I would like to pay the upgrade fee of AUD \$66.00 by:

- Money Order/Bank Draft payable to - Institute of Certified Management Accountants (Aus)

Cheque Number _____ Date _____

Bank / Institution _____ Branch _____

Credit Card MasterCard Visa (Note: Debit Cards not accepted)

Card No. _____ - _____ - _____ - _____ Expiry Date _____

Cardholder _____ Signature _____

Part 11 ACCEPTANCE OF RULES

I _____ (name) desire to become a _____ (grade of membership) member with the ICMA. In the event of my admission as a member, I agree to be bound by the Rules of the Institute of Certified Management Accountants for the time being in force.

Signature of Applicant _____ Date _____

Part 12 PROPOSER (If required ICMA will contact the proposer of this application)

I _____ (name), who is a _____ (grade of membership) member of the Institute of Certified Management Accountants or name of other recognised professional accounting body (below), nominate the applicant, who is personally known to me, for membership.

Proposer member of _____ Membership No. _____

Address of Proposer _____

Suburb _____ City _____ State _____

Postcode _____ Country _____

Work: () _____ Email _____

Signature of Proposer _____ Date _____

For Official Purposes Only (Applicants do not complete)

- | | |
|---|---|
| <input type="checkbox"/> Application Received On: | <input type="checkbox"/> Membership Consideration On: |
| <input type="checkbox"/> Approved- Membership No: | <input type="checkbox"/> Not Approved- Reason: |
| <input type="checkbox"/> Applicant Informed of Decision On: | <input type="checkbox"/> Invoiced On: |