CMA AUSTRALIA

MEMBERSHIP APPLICATION

July - June

Post Graduate Level

CMA

Graduate Level

AMA

GMA

Technical Level

RBA

RCA

CAT

Affiliate Level

MAA

THE INSTITUTE OF CERTIFIED MANAGEMENT ACCOUNTANTS



Certified Management Accountants

MEMBERSHIP APPLICATION FORM



Application for CMA Australia Membership

Please complete this form by writing your responses in using BLOCK CAPITAL LETTERS. Do not send any original documents with this form. The Institute will retain all materials sent with this form. A non-refundable application fee of AUD \$99 is required to be paid by Bank Draft, or Credit Card (see section 10). Do not send any other subscription fees at this stage. You will be invoiced a Joining Fee of AUD \$198.00 for all classes of Members directly by the ICMA if the Membership Committee accepts your application for membership.

For Official Purposes Only (Applicants do not complete) Received On
Consideration On:
Ref No:

GRADE OF MEMBERSHIP FOR WHICH YOU WISH TO BE CONSIDERED: Please tick one grade of membership application only				JULY TO JUNE SUBSCRIPTION
Post Graduate Level:				
[] Certified Management Acco				
•	ance or equivalent AND com	pletion of CMA pro	gram AND 5 years r	elevant experience
Graduate Level:				AUD #107
[] Associate Management Acc				
[] Graduate Management Acc	nance or equivalent AND cor countant (GMA)		•	
Degree or Professional Qual Technical Level:	lification in Accounting OR Fi	inance OR equivale	ent OR completion o	f Graduate program
[] Registered Business Accour				
Advanced Diploma in Accou	Inting in Accounting or equive + (BCA)	_		ALID \$154
•	ccounting or equivalent (GMA			
[] Certified Accounting Techni	• .	•		AUD \$154
_	unting or equivalent (GMA St			•
Affiliate Level				
[] Management Accountant A	Affiliate (MAA)			FREE
Open Entry for those intere	sted in the field of Managem	nent Accountancy		
Part 1 PERSONAL INFORMATION	N			
Title: (Dr/Mr/Mrs/Ms/Miss/Other)	First Name		Preferred Nam	e
Middle Name(s)	Last	t Name(s)		
Date of Birth (dd/mm/yy)/	/ Gender []	Male [] Female		
Part 2 CONTACT DETAILS Mailing	a Address - This is mv [] Home	e [] Business		
Address Line 1:	-			
Address Line 2:				
Suburb	_ City	State	Postcode	Country
Home	Mobile:	Email		
Part 3 PRESENT OR MOST RECEN	NT EMPLOYMENT			
Employer's Name			Date of	Appointment
Employer's Address				
Post Held/Current Occupation/Situat	tion			

Important - You must provide your Curriculum Vitae detailing information of the business 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)

MEMBERSHIP APPLICATION FORM



Part 1	CMA MEMBERSHIP	To be complete	d by all applicants	for CMA Members	hin Status
rait 4	CIVIA IVIEIVIDERSHIP	i io pe complete	u by all applicalles	TOT CIVIA IVIETIDEIS	iiib Statusi

I have completed ICMA's CMA Program or obta	ained full credit	for the program by undertaking a study progra	am Student Number:from (C	CMA RPI or
University)	in year	(Please provide transcripts or certi	ficate of completion for uni	ts completed)
Part 5 INDUSTRY & COMPANY SIZE				
[] Advertising/Marketing	[] Association/ Membership Organisation	[] Communications	
[] E-Business/E-Commerce	[] Electricity/Gas/Water	[] Finance and Banking	J
[] Government – Admin/Defence	[] Hospitality	[] Libraries, Museums a	and the Arts
[] Mining/Extractive	[] Personal Services (excl Financial Planning)	[] Property Services	
[] Sport/Entertainment/Recreation	[] Travel and Tourism	[] Agriculture/Forestry/	/Fishing
[] Business Services	[] Construction	[] Education	
[] Film/TV/Radio	[] Financial Services	[] Health/Community S	Services
[] Insurance	[] Manufacturing	[] Oil/Petroleum	
[] Printing/Publishing/Recording	[] Recruitment	[] Transport/Storage	
[] Wholesale/Retail Trade				
Number of Employees				
[]1-10 []11-50 []51	- 100 [] 101 – 200 [] 201 – 500 [] 501	- 1000 [] 1000+	
Part 6 EDUCATION BACKGROUND				
	D+ C			4:11 4 4 ! ! 4 -
(Academic and Vocational) Please list University educational requirements of the Graduate Mem qualifications				
Degree / Qualifications	Institution		Year	Specialization
1				
2				
3				
4				
5				
(Please provide copies of transcripts of Awards of				
Accounting Qualification	•			
-				

You should have a "recognised" accounting or finance qualification or equivalent (e.g. MBA) to undertake CMA program, i.e.:

- ✓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 CMA ANZ as having a recognised accounting qualification to undertake the 2-subject CMA program:

All Chartered Accounting bodies worldwide	CMA Certification of the IMA (USA)	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)	RPA (Canada)

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Part 7 PROFESSIONAL MEMBERSHIPS	(Provide Current Membership number	·)			
1					
2					
3					
4					
Part 8 PROFESSIONAL INTERESTS					
Please select the topics that you would like	to receive information about. We will	send you technical ale	rts and e-newsletters relating to these.		
[] Auditing – External	[] Advisory Services]] Management Consulting		
[] Company Secretarial	[] Ethics]] External Reporting		
[] Financial Markets	[] General Management]] Information Management / Technology		
[] Insolvency and Reconstruction	[] Management Accounting]] Public Sector Issues		
[] Securities / Funds Management	[] Strategic Audit]	[] Treasury		
[] Auditing – Internal	[] Banking]	Corporate Governance		
[] E-Business / E-Commerce	[] Financial Control]] Financial Planning		
[] Human Resources / Training/	[] Industrial Relations]] Insurance		
[] Law	[] Marketing / Sales	[] Risk Management		
[] Small Business	[] Corporate Social Responsi	bility [] Carbon Trading		
Part 9 YOUR COMMUNICATION PREFERENCE How would you like us to contact you? [] Email [] Mail					
Part 10 PAYMENT OPTIONS			[] Application Fee (Non-Refundable) A\$ 99		
Payment must be made in Australian Dollar		incl GST if applicable):	[] ICMA Joining Fee (once-off) A\$198 Plus one of following grades:		
[] Bank Draft payable to - Institute of Cert	_		[] CMA 5-Year Membership Fee A\$900		
Draft Number	Bank Da	te	[] CMA 2 Year Membership Fee A\$400 [] CMA Annual Membership Fee A\$220		
[] MasterCard [] Visa	Total Amount:				
Please email info@cmaaustralia.edu.au for	Please email info@cmaaustralia.edu.au for a payment link [] AMA Annual Membership Fee				
Note: Note: Applicants must pay the compulsory (non-refundable) application fee. The joining fees and membership fees can be paid at time of application to expedite the processing; but these will only be processed if the membership grade applied for is granted; or the grade offered by ICMA is accepted by the applicant. Once processed, all joining fees and membership fees to our Refund Policy available on our website.					
Part 11 ACCEPTANCE OF RULES					
1	(name) desire to become a	(grade of mer	mbership) member with the CMA ANZ. In the		
event of my admission as a member, I confirm that I have read and agree to the Rules and the Privacy Policy of the Institute, and agree to be bound by them.					
Signature of Applicant Date					
Application Checklist	Send all applications by fax, The Executive Director,				
☐ Completed form & fees	scan & email, or mail to:	The Institute of C	Certified Management Accountants		
□ Signatures (part 11)			5, 20 Duerdin Street,		
□ CV (maximum 5 pages)	CMA ANZ Head Office	Clayton North, Vic	Clayton North, Victoria 3168, AUSTRALIA.		
☐ Copy of academic transcripts	or	Phone +61 (3) 855	550358 Fax +61 (3) 85550387		
□ Copy of membership certificates	Any of our Recognised Provider Institutions Email: info@cmaaustralia.edu.au				

☐ Other supporting documents

Web: www.cmaaustralia.edu.au