



Gibraltar Society of Accountants

PO Box 1146, Gibraltar
www.gibraltaraccountants.com

Membership Application Form

Please complete in BLOCK CAPITALS:

FULL NAME	
MAILING ADDRESS TO WHICH ALL CORRESPONDENCE IS TO BE SENT	
EMAIL ADDRESS(es)	
INSTITUTE OF WHICH APPLICANT IS A MEMBER	
DESIGNATORY LETTERS (optional)	
YEAR OF ADMISSION (to institute)	
PRACTISING OR NON-PRACTISING MEMBER	
NAME AND ADDRESS OF FIRM/COMPANY (if different to above mailing address)	
RENEWAL OF EXISTING OR NEW MEMBERSHIP (please circle)	RENEWAL OR NEW APPLICATION
POSITION IN COMPANY	
DATE OF APPLICATION	
SIGNED BY APPLICANT	
NOTES	<ol style="list-style-type: none">1. The annual subscription is payable in advance. Please enclose your cheque together with the completed application form and copy of qualifying certificate.2. Change of address should be notified to the Hon. Secretary.
ADMINISTRATION 1	Date admitted: _____ Authorised by: _____
ADMINISTRATION 2	Added to mailing list: _____ Added to website: _____