

# Chartered Institute of Corporate Treasurers CICT

501 Silverside Rd Wilmington, De 19809 USA

## Membership Application

### Personal Details

Title (Dr / Mr / Ms / Mrs. / Other): \_\_\_\_\_

Surname: \_\_\_\_\_

Forename(s) \_\_\_\_\_ Initial \_\_\_\_\_

Home address: \_\_\_\_\_

Postcode \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Company and Business address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail \_\_\_\_\_

Address for correspondence (please tick): Home Business

### Academic Details

Qualifications obtained. Please list all of your academic and professional qualification, giving title

Year and place of study

Year Place of Study

### Work experience

Organization

Name \_\_\_\_\_

Date joined

Division \_\_\_\_\_

Public/Private

If a subsidiary, name of \_\_\_\_\_

Parent company \_\_\_\_\_

Nature of Company's Business \_\_\_\_\_

SIC Code \_\_\_\_\_

Please indicate which description best fits your company's business

Associate Chartered Treasurer ACT

Fellow Chartered Treasurer FCT

## References

A REFERENCE MUST BE SUPPLIED BEFORE THE APPLICATION IS PROCESSED

Referee must be a director or senior officer of your company or organization. If you are self-employed or head of your organization, the referee may be a previous employer or professional advisor.

I have known the applicant for \_\_\_\_\_ years and support his/her application for membership.

To the best of my knowledge, the details of his/her applications are correct.

## Name

(CAPITALS) \_\_\_\_\_ JOB TITLE

C O M P A N Y (CAPITALS) \_\_\_\_\_ SIGNATURE

I agree to accept the decision of the Council as my

Eligibility for election to the appropriate grade of membership .If selected I agree to abide by the Institute's Charter and Bye-laws and do hereby confirm that the information provided are true.

## Applicant's Signature & Date

Signature \_\_\_\_\_ DATE

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