



Please use block capitals and black ink when completing this form

Personal Details

Title (Mr / Mrs / Ms / Other)

Surname

First Name(s)

Home Address

Town/City

Country

Post Code

Home Telephone Number

Email Address

Employer

Employer Address

Town/City

Country

Post Code

Employer Telephone Number (Switchboard)

Facsimile Number

Accounts Contact Name

Accounts Job Title

Accounts Email Address

Do you want the invoice sent to you or your employer address

Self

Employer

Do you want all other mail sent to you or your employer's address

Self

Employer

Do you want your details shown in the ICA Members' Directory

Yes

No

Please state your industry sector (Private Banking, Insurance, Trust Company, etc)

Please indicate your job level (delete as appropriate)

 New Entrant -
Administrator Experienced Staff -
Junior Management Middle
Management Senior Management
- Board Level

Please give details of two persons who can be contacted for a reference:

Title (Mr / Mrs / Ms / Other)	<input type="text"/>	Title (Mr / Mrs / Ms / Other)	<input type="text"/>
Surname	<input type="text"/>	Surname	<input type="text"/>
First Name(s)	<input type="text"/>	First Name(s)	<input type="text"/>
Email Address	<input type="text"/>	Email Address	<input type="text"/>
Employer	<input type="text"/>	Employer	<input type="text"/>
Contact Address	<input type="text"/>	Contact Address	<input type="text"/>
Town/City	<input type="text"/>	Town/City	<input type="text"/>
Country	<input type="text"/>	Country	<input type="text"/>
Post Code	<input type="text"/>	Post Code	<input type="text"/>
Job Title	<input type="text"/>	Job Title	<input type="text"/>

I confirm that the details given in this application form are correct and that I am a fit and proper person to be admitted as a professional member of the ICA. Accordingly, I hereby agree to the ICA to making enquires concerning this application as they deem necessary.

I undertake to abide by the ICA's Code of Ethics and to pay all subscriptions as may be levied and I understand that my acceptance as a member is conditional on this.

Signed

Print

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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International Compliance Association

www.int-comp.org

International Compliance Association Administrative Offices

Wren Court, 52-54 Victoria Road, Sutton Coldfield, B72 1SX. United Kingdom

Tel: +44 (0) 121 362 7747 Fax: +44 (0) 121 240 3002 Email: ica@int-comp.org



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Undertaking & declaration

I hereby apply for admission as a Professional Member of the International Compliance Association.

I undertake that, if accepted as a member:

- I will, so long as I remain a member of ICA, comply with the regulations of the ICA for the time being in force.
- I will use the designation "Professional Member of the International Compliance Association" and the designatory letters MICA only whilst I remain a member of the ICA.
- I will uphold and abide by the Association's Code of Ethics.
- I will undertake a minimum of 15 hours Continuing Professional Development each year, so as to ensure my knowledge remains up to date.

I confirm that:

- I have never been adjudged bankrupt either individually or as a partner in a firm, made or agreed to make an assignment for the benefit of creditors or made any arrangement or composition with creditors or executed any similar deed or agreement or taken or attempted to take the benefit of any statutory provision for arrangement with creditors.
- I have never been the subject of a finding of professional misconduct against me by any professional body; and there is no outstanding matter of professional conduct concerning me.
- I have never been dismissed from any employment for a reason other than redundancy.
- I have never been convicted of a criminal offence (other than minor motoring offences or an offence that is now spent).

I declare that the whole of the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I acknowledge that any statement contained herein, which is known by me to be false, may invalidate this application and any decision reached thereon.

I undertake to abide by the ICA's Code of Ethics and to pay all subscriptions/fees as may be levied. I understand that my acceptance as a member is conditional on this undertaking.

Signed: _____

Date: _____



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Membership fees

	Joining Fee	1-Year Subscription Fee	2-Year Subscription Fee	3-Year Subscription Fee
Professional Membership	£25	£140	£240	£350
Fellowship Membership	N/A	£140	£240	£350
Corporate Membership	£25	£280	£500	£670

	Enrolment & Joining Fee	1-Year Renewal Subscription Fee	2-Year Renewal Subscription Fee	3-Year Renewal Subscription Fee
Experienced Practitioner Membership	£400	£140	£240	£350

The joining and appropriate subscription fee must accompany all applications. Subscription fees are offered for either 1-, 2- or 3-year periods as indicated above. All fees must be paid as levied and membership is conditional on this. For full details of all membership levels, please refer to the ICA brochure or website.

Experienced Practitioners

Professional membership is available to those with a minimum of ten years practical experience providing they can meet the required criteria - please refer to the EP Membership Profile for more information.

The annual fee payable by Experience Practitioners for the first year fee is £400. This is inclusive of a £50 joining fee, which is non-refundable if the application is not accepted. After the first year, the EP's fees are the same as those for professional members.

Terms & Conditions

- All members must undertake to abide by the ICA's Code of Ethics and to pay all subscriptions as levied.
- Please note that on enrolment, 1-, 2- and 3-year subscriptions are offered. Renewals of Membership are available in the same format if requested.
- Please remember to include the appropriate subscription fee with your application. Cheques and bankers drafts should be made payable to International Compliance Association. Fees can be paid by most major credit cards excluding American Express and Diners Card
- Fees can be accepted in US Dollar equivalent – please contact the ICA Administrative Office for details.

ICA Payment Details

Please remember for **new applications to include your joining fee** and the appropriate subscription fee with the application form. For renewals please ensure you quote the Account and Invoice Number with your payment where possible.

Fees can be paid by cheque or bankers draft made payable to International Compliance Association. Payment by electronic transfer or credit card (**excluding American Express and Diners Card**) are also accepted. **PLEASE SEND CHEQUES, BANKERS DRAFTS OR CREDIT CARD DETAILS TO THE ICA OFFICE Wrens Court 52-54 Victoria Road, Sutton Coldfield, Birmingham B72 1SX UNITED KINGDOM**

Electronic Transfer

When sending payments by BACS, please send a copy of the remittance advice to ica@int-comp.org and please state the account and invoice number for reference:

International Compliance Association	Sort Code:	20-82-94 (UK Sterling only)
C/o Barclays Bank Plc	Account No:	00269484
PO Box 544		
54 Lombard Street	IBAN:	GB79 BARC 2082 9400 2694 84
London EC3V 9EX	SWIFTBIC:	BARCGB22

Credit Card

Card Holder's Name as shown on credit card:

Card Number:

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Start date:

Expiry date:

Security Code:

Issue Number (if applicable):

Card type:

Amount to be debited:

 £

Card Holders Address:

Postcode:

Cardholder Signature:

Terms & Conditions

- New Applications should be returned to the ICA Administrative Offices and be accompanied by the payment for both the joining and appropriate subscription fee.
- All cheques and bankers drafts should be made payable to the International Compliance Association. Fees can be paid by most major credit cards **excluding American Express and Diners Card**.
- Fees can be paid in US Dollars at the equivalent rate at the time of submitting your application, details on request (ica@int-comp.org)
- Please note that access to the Members' Only sections of the ICA website will be blocked if fees are not paid as levied.

For office use only

Date: Account Name: Account No:

Department: Credit payment No (CPN): Course Prefix:

Comments: