

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
Chartered Institute of Corporate Treasurers CICT