



# The Society of Professional Accountants

...Strength in Numbers

SPA 95 High Street Great Missenden Buckinghamshire HP16 0AL  
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## MEMBERSHIP APPLICATION FORM

Title: Mr / Mrs / Ms / Miss / Dr  
Forenames: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Institute: ICA / ACCA / CIMA / CIPFA

Year of Birth: 19 \_\_\_\_\_

### **PRACTICE DETAILS**

Practice Name \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_

Year commenced in General Practice \_\_\_\_\_  
Sole Practitioner: Yes  No   
If No: Number of partners (including self) \_\_\_\_\_  
Which of the following services is your practice authorised to undertake?  
**Auditing**  **Investment**  **Insolvency**

### **P11 - GROUP SCHEME**

The SPA scheme offers wider benefits and reduced premiums. Please indicate if you wish to be sent a quotation.

Yes  No

If Yes, please enter your Renewal Date: \_\_\_/\_\_\_/\_\_\_

Current Underwriter \_\_\_\_\_

### **DATA PROTECTION ACT**

In order to comply with the Data Protection Act, we need to have your permission to hold your personal details on our computer file. Please be assured that these records will be wholly confidential and not used for promotional purposes. I agree to allow SPA to hold the information I have given on SPA's computer file.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only		
P11	web	Mem No.

The subscription is £117.50 (inclusive of VAT), payable annually by cheque or standing order.

I enclose my cheque for £117.50 payable to SPA

OR

I have completed the standing order form below

### **BANK STANDING ORDER FORM**

To \_\_\_\_\_ Plc  
Sort code     
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debit my/our Account:

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

Please pay: National Westminster Bank plc  
Amersham Branch  
Oakfield Corner  
Hill Avenue  
Amersham, Bucks  
HP6 5BU

Sort Code 60 - 01 - 15

Account Number 84356111

Account Name SPA

Quoting Ref \_\_\_\_\_ (SPA to complete)

The sum of £117.50 annually commencing

\_\_\_\_\_ 1st \_\_\_\_\_ Month \_\_\_\_\_ Year

until you receive further notice from me/us in writing

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_