



The Society of Professional Accountants

...Strength in Numbers

Send to: SPA FREEPOST Great Missenden HP16 0AL

Tel: 01494 866414 Fax: 01494 864454 E-mail: mail@spa.org.uk Website: www.spa.org.uk

MEMBERSHIP APPLICATION FORM

Title Mr / Mrs / Ms / Miss / Dr
Forenames: _____
Surname: _____
Institute: ICA / ACCA / CIMA / CIPFA / ICAEW
Year of Birth: 19 _____

For Office Use Only

Membership No. _____

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

PII – GROUP SCHEME

The SPA scheme offers wide 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 be used for promotional purposes.

I agree to allow SPA to hold the information I have given on SPA's computer file.

Signature: _____ Date _____

The subscription is £120.00 (inclusive of VAT), payable Annually by cheque NOW and THEREAFTER by standing order.

I enclose my cheque for £120.00 payable to SPA

AND

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: Co-operative Bank plc
Skelmersdale

Sort Code 08 – 92 – 99

Account Number 65440540

Account Name The Society of
Professional Accountants

Quoting Ref _____ (SPA to complete)

The sum of £120 annually commencing _____ (SPA to complete)

Until you receive further notice from me/us in writing

Signature(s) _____

Date _____