



Institute of Chartered Accountants of Jamaica

8 Ruthven Road, Kingston 10, Jamaica, W.I.
Tel: (876) 929-5869/929-6082 Fax: 929-9416

Email: members@icaj.org

Website: www.icaj.org

Lifetime Membership Application Form

Please Complete all Sections of this Form in Block Capitals

Personal Information

Mr/Mrs/Miss/Ms/Dr
(Surname) (Forename)

Date of Birth

Current Membership Category:

Fellow In Public Practice Fellow Not In Public Practice Affiliate

Residential Address

Residential
Telephone Mobile..... Emergency #
Email

Business Address

Job Title Business Name/Employer
Business Address.....
Telephone..... Fax.....
Email

Please indicate mailing address for your ICAJ correspondence: **Home () Business ()**

Fee Payment Options *(please tick your preferred option)*

- One lump sum payment to be made within one month of approval for lifetime membership
- Full payment within one year via two equal semi-annual instalments, the first payment being due within one month of approval for lifetime membership
- Full payment within one year via four equal quarterly instalments, the first payment being due within one month of approval for lifetime membership

Declaration

I declare that I have read and agreed to the terms and conditions relating to Lifetime Membership.

Date _____ Signature of Applicant _____