**On completion please email to membership@int-comp.org**

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

I undertake that, if accepted and as long as I remain a member of the ICA, I will:

* Comply with the regulations of the ICA for the time being in force.
* Uphold and abide by the Association’s Code of Conduct (code of conduct are available on the ICA Website).
* Undertake the annual Ethics module and required amount of Continuing Professional Development (CPD) appropriate to my membership level each year, to ensure my knowledge remains up to date.
* Use the designation applicable to my level of membership and the designatory letters where appropriate. (AICA, MICA or FICA )

I confirm that I have never been:

* Declared 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.
* 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.
* Dismissed from any employment for a reason other than redundancy.
* 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:…………………………….

**Personal details**

Title: First name Surname

The name you would like to be displayed on your membership certificate:

Job title:

**Credit card details (excluding AMEX)**

Card type: (Visa, Mastercard, Other)

Credit card number:

3 digit security code:

Expiry date:

Card holder’s name:

Amount to be debited:

|  |  |  |
| --- | --- | --- |
| **Fees** | | |
| **Membership Type** | **Fee** | **Please tick** |
| Affiliate | 75 Euros |  |
| Associate | 90 Euros |  |
| Professional | 130 Euros |  |
| Fellow | 152 Euros |  |

**Contact details**

Home address:

Postcode:

Country:

Telephone number:

Work email:

Personal email: