



LIBERIAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

The Victor S.K.B. Tanwone House, SKD Boulevard Junction, Opposite Chinese Park,
Health Ministry | Email: licpa@licpa.org.lr; Phone: 0880-694-679/0777-691-431 |
0555666126 | 0770471861

INDIVIDUAL MEMBERSHIP APPLICATION FORM

Thank you for your interest in becoming a member of the Liberian Institute of Certified Public Accountants (LICPA). Please provide all information required on this form as a step in your membership application/re-activation. **Please use block letters.**

Membership Type <input type="checkbox"/> Chartered <input type="checkbox"/> Technician <input type="checkbox"/> RPA <input type="checkbox"/> Firm _____															
			Name of Firm												
1. Name (If firm, give name of head.) _____ <div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Last </div>			2. Membership # (Previous members, only) _____												
3. Date of Birth/Establishment <table border="1" style="width: 100%; text-align: center; font-size: x-small;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> </table>							m	m	d	d	y	y	4. Nationality _____ country	5. Country of Residence _____ country	5a. Years of Residence _____
m	m	d	d	y	y										
6. Place of Work _____ Name of Entity/Employer		7. Gender (Mark an "X" in the appropriate box.) Female: <input type="checkbox"/> Male: <input type="checkbox"/>													
8. Physical Address (Home) (Please give best description) _____ _____ _____		9. Contact Information (Home/Personal) <table border="1" style="width: 100%; font-size: x-small;"> <tr><td>Phone1:</td><td> </td></tr> <tr><td>Phone2:</td><td> </td></tr> <tr><td>Phone3:</td><td> </td></tr> <tr><td>Phone4:</td><td> </td></tr> <tr><td>Email1:</td><td> </td></tr> <tr><td>Email2:</td><td> </td></tr> </table>		Phone1:		Phone2:		Phone3:		Phone4:		Email1:		Email2:	
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Email1:															
Email2:															
10. Nature of Business (Please indicate the nature of business of your place of work) _____		11. Position (Please indicate your position at your place of work) _____ Position													
12. Physical Address (Work) (Please give best description) _____ _____ _____		13. Contact Information (Work) <table border="1" style="width: 100%; font-size: x-small;"> <tr><td>Phone1:</td><td> </td></tr> <tr><td>Phone2:</td><td> </td></tr> <tr><td>Phone3:</td><td> </td></tr> <tr><td>Phone4:</td><td> </td></tr> <tr><td>Email1:</td><td> </td></tr> <tr><td>Email2:</td><td> </td></tr> </table>		Phone1:		Phone2:		Phone3:		Phone4:		Email1:		Email2:	
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Please continue overleaf

14. Have you been a member of LICPA before? Yes No
 If yes, please answer Questions 14a and 14b; otherwise, skip them.

14a. Year of First Enrollment in LICPA

Y	Y	Y	Y

14b. Previous Role(s) in LICPA

_____ role 1

_____ role 2

15. Highest Education Level (Check one)

doctorate masters bachelors associate high school

15a. Institution/University

_____ name of institution/university

_____ address

Year of Graduation

Y	Y	Y	Y

_____ area of specialization

15b. Institution/University (if more than one specialization)

_____ name of institution/university

_____ address

Year of Graduation

y	y	y	y

_____ area of specialization

16. Professional Qualification(s)

Name of Qualification	Institution	Year Earned	Qualification Number				
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17. Certification

I certify that the information provided in this form and true and accurate to the best of my knowledge and ability. I realize that any misrepresentation observed could lead to forfeiture my membership to the LICPA and a possible fine or legal action.

 signature

D	D	M	M	Y	Y

THIS AREA IS FOR OFFICE USE, ONLY. PLEASE DO NOT WRITE IN THIS SECTION

<p>Checklist</p> <p><input type="checkbox"/> Form Completed</p> <p><input type="checkbox"/> Business Registration</p> <p><input type="checkbox"/> Tax Clearance</p> <p><input type="checkbox"/> Previous LICPA #</p> <p><input type="checkbox"/> Education Diploma(s)</p> <p><input type="checkbox"/> Professional Qualification(s)</p>	<p>Deposit Reference</p> <p>_____</p> <p style="text-align: center;">Name of Bank</p> <p style="text-align: right;"> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> </tr> </table> Deposit Slip Number </p> <p style="text-align: center;"> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> <td style="width: 25px; height: 25px;"> </td> </tr> </table> LICPA Receipt Number </p> <p style="text-align: right;"> _____ Assigned Membership Number </p>															

<p>Processed by: _____</p> <p style="text-align: center;">Name</p> <p>_____</p> <p style="text-align: center;">Signature</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>	<p>Approved by: _____</p> <p style="text-align: center;">Name</p> <p>_____</p> <p style="text-align: center;">Signature</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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