



APPLICATION FOR MEMBERSHIP

TO: THE BOARD OF DIRECTORS
WALKER WAYLAND AUSTRALASIA LIMITED
LEVEL 11, SUITE 11.01
60 CASTLEREAGH STREET
SYDNEY NSW 2000

FIRM NAME: _____ DATE: _____

MAIN OFFICE ADDRESS: _____

We hereby make application for membership of Walker Wayland Australasia Limited (ACN 128 386 845) (“WWA”) pursuant to clause 10 of the WWA Constitution. Words used in this Application are defined in that Constitution.

We have read the Constitution and By-Laws for the time force in being of WWA, and agree to be bound by them and to conduct ourselves in accordance with them, and as otherwise required at law.

We hereby request admission to membership of WWA as an (a) FBM;
(b) FNM for a minimum period of 2 years;
(c) RAM;
(d) BAM (circle applicable category);

in the Jurisdiction of.....in the State/Territory of.....
as defined in the Constitution of WWA.

Our cheque for \$_____ is enclosed, representing our first month’s membership subscription fee to WWA as currently applicable.

This application is to become a FBM by an existing FNM which has been a FNM of WWA for a continuous period of more than two (2) years in the said Jurisdiction (delete if not applicable).



If this application is to become a FBM of WWA, if approved, we additionally apply to the Board for approval as to the incorporation of the Name and Logo into our name in the Jurisdiction, and for entry into a form of Licence to use the Name and Logo.

Please advise us in writing of any further requirements that you have.

We are aware of the events that would give rise to our membership being terminated and/or suspended as set forth in the Constitution and the By-Laws, and that upon cessation or termination of our membership of WWA, all rights and privileges of membership of WWA cease.

We confirm our acknowledgement that the membership, if approved, is not transferable.

We confirm that we adhere to the provisions of the Fair Work Act 2009 (C'th)/Employment Relations Act, (delete as applicable), are an equal opportunity employer, and have policies in place which conform with all applicable relevant Federal, State or Territory laws dealing with discrimination, and harassment in the workplace, and maintain a workplace that complies with all requirements of any applicable Federal, State or Territory Occupational, Health and Safety laws or procedures.

We understand that the membership will be circularized in connection with the approval of our application.

We confirm we are required to give 6 months notice to the Board if we want to terminate our membership and are liable to pay our membership during that period notice.

In conformity with membership, we understand that we must meet the requirements of our local governing professional bodies and/or regulatory authorities. We also understand that our firm must adhere to all the relevant requirements for our membership category contained in the Constitution and By-Laws of WWA.

We agree to notify the Regional Director if, for any reason, our firm should cease to meet the criteria for membership set forth in the Constitution and By-Laws.

PREPARED BY:

TITLE:



EXPRESSION OF INTEREST IN BECOMING A MEMBER OF WALKER WAYLAND AUSTRALASIA LIMITED

FIRM NAME: _____

DATE: _____

We hereby express interest in becoming a FBM/FNM/RAM/BAM (delete if not applicable) member of Walker Wayland Australasia Limited.

We have completed the following form to assist in assessing our suitability for membership.

1. Location(s) and address(es) of office(s), telephone and fax numbers, e-mail and Web site addresses:
2. Managing partner, if any, or firm contact person and e-mail address:
3. Number of partners by age groups:

20 – 30	
31 – 40	
41 – 50	
51 – 60	
61 – 65	

4. Partner details (add more rows to table if necessary):

Name	Area of Professional Interest	
	Primary	Secondary

5. Brief history of the firm:

6. Number of Full Time Equivalent personnel by function (primary area of practice):

Description	Partners	Staff	Total
Audit			
Accounting			
Tax			
Management Services			
Other Professional			
Clerical, etc.			
Totals			

7. Number of personnel by positions:

Partners and Principals	
Managers and Supervisors	
Seniors	
Juniors	
Paraprofessionals	
Clerical, Bookkeeping and Secretarial	
Other	
Totals	

8. Number of CPAs or CAs in the firm (including partners):

9. Significant industry experience (a list of about five in order of importance):

10. Analysis of practice:

Audit	%
Review	%
Compilation (including data processing and write-up)	%
Tax return preparation	%
Other Tax	%
MAS	%
Other Professional Service	%

11. Financial Statistics (in AUS dollars):

	Fiscal Year 2015	Fiscal Year 2016	Fiscal Year 2017	Fiscal Year 2018	Estimate For Fiscal Year 2019
Volume in dollars (accrual)					
Volume in hours					
Approximate average partner's income					

12. Brief statement as to policy regarding staff and partner training programs:
13. Is your firm currently a member of any other association/group of accounting firms whereby you share financial or other management information?
14. Brief statement as to activities, innovations, etc. which may be of assistance to other firms:
15. List professional activities of your partners and staff (offices held, committees served, government contacts etc):
16. Brief description of your professional liability insurance coverage (attach a copy of your last PI Application form and current Policy):
- 17A. Is there any pending litigation against your firm or any of its personnel? If yes, please explain.
- 17B. Has your firm or any of its personnel been investigated during the last three years by any regulatory, monitoring or government agency in connection with the quality of the firm's accounting, auditing or tax practice or the conduct of any of the firm's personnel with respect to a specific accounting, auditing or tax engagement? If yes, please explain.
18. Please attach the following:
 - a. a copy of the financial statements of your firm for the last fiscal year (Please complete the enclosed Excel spreadsheet)
 - b. firm brochure
 - c. letterhead/stationery
 - d. client newsletter
 - e. biographies of partners
 - f. other pertinent information that would assist in evaluating your firm's qualifications for membership
 - g. firm professional referees (2)
 - h. a copy of the results of your last peer/quality review and letter of comments (if applicable)
19. Person completing this form:

Print

Sign

Please send completed form to:

**The Company Secretary
Walker Wayland Australasia Limited
GPO Box 4836
SYDNEY NSW 2001**

All information contained upon this expression of interest is confidential and will only be used by WWA in accordance with any applicable Federal, State or Territory laws in relation to privacy