



Dear Sir or Madam,

We thank you for your interest in joining the IIA-Indonesia. Please find the following requirements for becoming a member of the institute:

1. Be an employee in the Internal Audit Department of an organization or have a personal interest in the development and progress in the field of Internal Auditing.
2. Complete the IIA Membership Application Form by completing only the first page except for No. 4 Dues and Payment.
3. Settle the membership fee of **Rp. 850,000** (Rupiah Eight hundred fifty thousand) per year and our financial period will be applied as from **April** until **March** for the next following year. Payment should be made by transfer directly to:

Bank BRI

Cabang Jakarta Kreckot
Account Name: **IIA Indonesia**
Account No. 026101001618305

For our administrative purpose, please mention your **name** and **company**. We will provide you with a receipt as soon as the payment credited into our bank account.

Should you elect to become a member, you will be entitled to the following benefits:

- a. Certificate of Membership, Membership Card with ID number and password from the IIA Headquarters in Altamonte Springs, Florida of which you can access to their website and contents various internal audit global information.
- b. Internal Audit magazine, which is issued once every two months. This bi-monthly magazine is very popular in the United States especially for internal auditors because it contains various articles and the recent development /progress in the internal auditing field as well as cases along with their solutions. Additionally, the magazine will provide you with references to auditing books/publications which can be ordered at a special price for IIA members.
- c. IIA Newsletter, which is published by the IIA Indonesia to update on the progress of the organization and future programs.
- d. Enrollment in the CIA (Certified Internal Auditor), CCSA (Certified in Control Self-Assessment), CFSA (Certified Financial Services Auditor), CGAP (Certified Government Audit Professional) Examination and CRMA (Certified Risk Management Assurance), which will be held during the year in Jakarta and Surabaya through Certification Based Test (CBT), as defined by The IIA, is the delivery of our existing certification on-line exams by computer at a predetermined, proctored vendor site Pearson VUE.
- e. Discount/special prices for seminars conducted by the Asian Confederation IIA (ACIIA) IIA-International Conference (IIAIC) by Headquarters and/or other Institute as well as IIA Indonesia.
- f. Exchange Ideas/views among the IIA Indonesia members.

We hope that this information is sufficient for you in joining our organization. Thank you again for your interest and attention.

Sincerely Yours,

Dewi Andriati

Governor Membership IIA
Indonesia

Membership Application



**The Institute of Internal Auditors
Indonesia**

For Office use only

IIA Membership Number _____

IIA Chapter Number _____

IIA/BANK USE ONLY

1. Business Data

Please Type or Print Clearly

Mr. Mrs. Ms. Other

Name: _____
(Last) (First) (Middle) (Nickname)

Organization: _____ Job Title : _____

Address: _____ E-Mail : _____

City: _____ State/Province: _____

ZIP/Mail Code: _____ Country: _____

Business Phone: _____ Business FAX: _____

Job Code (see attached listings): _____ Industry Code: _____

Do you spend more than 50 percent of your time supervising other internal auditors or directing the audit program? Yes No

Number of internal auditors on staff: _____

2. Personal Data

Home Address: _____

City: _____ State/Province: _____

Zip/Mail Code: _____

Mobile Phone: _____

Have you ever been convicted of a felony? Yes No

Are you a Certified Internal Auditor? Yes No

Other Designations: _____

Send Mail to: Home Address Business Address

Check here, if you do not wish your name included on mailing lists other than member mailings

3. Membership Data

Please select appropriate membership classification (see inside for classification description). Classification is Subject to determination by the International Membership Committee.

- Regular Member (Please check one):
- Internal Auditing Management Internal Auditing Staff
 - Associate Member
 - Education Member
 - Student Member. If applying as a student member, please give the name of the college or university you attend:

Date of Graduation: _____ Degree: _____

List exact name to appear on membership certificate:

Chapter Affiliation desired (If known. See back page):

Membership Sponsor (optional) _____

Member No. _____

4. Dues and Payment

See dues payment information next page.

Application fee Rp. _____

Dues \$ (_____)

Seminar conference/credit

TOTAL AMOUNT Rp. _____

Check One:

- Payment enclosed. *Please make checks payable to The Institute of Internal Auditors*
- Charge to my (circle one) :

Signature: _____

5. Application's Signature

I declare that:

1. All information contained on this application is true and correct
2. If accepted, I agree to abide by the *Code of Ethics* adopted by the Institute of Internal Auditors to govern its members.

Applicant's Signature: _____

Date : _____