



JHI | Association
Membership
Application Form



Your **Global Growth** Engine

JHI Association | P.O. Box 199 | Hillside, NJ 07205 USA
Tel: +1 973-466-1430 | Fax: +1 973-466-1431 | Email: membership@jhi.com

JHI MEMBERSHIP APPLICATION FORM(PLEASE COMPLETE IN **ENGLISH** AND **WITH CAPITALS OR TYPE**)1. FULL NAME
OF FIRM:

2. DESCRIPTION IF BUSINESS SERVICES OFFERED

 ACCOUNTING TAX LEGAL LITIGATION OTHER

3. FULL MAILING ADDRESS

COUNTRY

POSTAL CODE

4. TELEPHONE NUMBERS

COUNTRY CODE		AREA CODE		NUMBER	
COUNTRY CODE		AREA CODE		NUMBER	
COUNTRY CODE		AREA CODE		NUMBER	

5. FACSIMILE NUMBER

6. EMAIL ADDRESS

7. WEBSITE

8 LOCAL TIME RELATIVE TO GREENWICH MEAN TIME GMT +OR

 HOURS

9. TYPE OF LEGAL ENTITY

PARTNERSHIP

OTHER
SPECIFY

10. DATE FIRM FORMED

11. PLACE FIRM FORMED

12. LOCATION OF PRINCIPAL OFFICE

COUNTRY		POSTAL CODE	
---------	--	----------------	--

13. NUMBER OF OTHER OFFICE LOCATIONS

(LIST ADDITIONAL LOCATIONS INCLUDING FULL MAILING ADDRESS AND CONTACT PARTNER ON A SEPARATE SHEET)

14. TOTAL NUMBER OF EMPLOYEES

15. TOTAL NUMBER OF EMPLOYEES PROFESSIONALLY ENGAGED

16. NUMBER OF QUALIFIED STAFF IN NATIONAL OR OTHER APPROPRIATE PROFESSIONAL INSTITUTE

17. NAME AND E-MAIL ADDRESS OF THE MANAGING PARTNER

18. NAME AND E-MAIL ADDRESS OF THE CONTACT PARTNER TO BE ENTERED IN MEMBER DIRECTORY

19. NAMES AND PROFESSIONAL QUALIFICATIONS OF PARTNERS/SHAREHOLDERS AND DIRECTORS

20. GROSS ANNUAL REVENUE* (ACCRUAL BASIS BILLINGS) FOR THE LAST THREE YEARS \$ USD EQUIVALENT

YEAR		\$		USD
YEAR		\$		USD
YEAR		\$		USD

21. SERVICES OFFERED (TOTAL PERCENTAGES TO EQUAL 100%)

ACCOUNTANCY / BOOKKEEPING		%
AUDIT		%
TAX		%
INFORMATION TECHNOLOGY		%
OTHER (DESCRIBE)		%

22. LIST FIRM'S AREAS OF EXPERTISE.

23. NAME AND ADDRESS OF THE MAIN NATIONAL PROFESSIONAL INSTITUTE.

24. IS THE FIRM OR IS AN INDIVIDUAL IN THE FIRM A MEMBER OF THE ABOVE INSTITUTE?

<input type="checkbox"/> FIRM	<input type="checkbox"/> INDIVIDUAL
-------------------------------	-------------------------------------

25. NAME AND ADDRESS OF ANY OTHER PROFESSIONAL INSTITUTE TO WHICH THE FIRM BELONGS.

26. ON A SEPARATE SHEET, PLEASE PROVIDE A BRIEF HISTORY OF THE FIRM AND ATTACH COPY OF THE FIRM BROCHURE OR RESUME, IF AVAILABLE.

27. PLEASE PROVIDE DETAILS OF ANY PREVIOUS CONNECTION WITH OTHER INTERNATIONAL BUSINESS ORGANISATIONS (OR STATE "NONE").

28. HAS THE FIRM, OR ANY PARTNER, EVER BEEN CENSURED, REPRIMANDED, FINED OR SUSPENDED BY ANY PROFESSIONAL OR REGULATORY BODY? PLEASE PROVIDE DETAILS ON A SEPARATE SHEET (OR STATE "NONE").

29. PLEASE STATE CURRENT PROFESSIONAL INDEMNITY IN LOCAL CURRENCY (OR STATE "NONE").

--

30. PLEASE PROVIDE THE FIRM'S POLICY REGARDING CONTINUING EDUCATION FOR PARTNERS AND OTHER QUALIFIED STAFF (OR STATE "NONE").

31. PLEASE PROVIDE NAMES AND ADDRESSES OF THREE REFERENCES OF STANDING AND REPUTE FROM DIFFERENT ORGANISATIONS OTHER THAN THE NATIONAL PROFESSIONAL ORGANISATION:

1	
2	
3	

32. This JHI Membership Application will only be considered when the one-time** application fee has been paid in full. Please state the amount remitted with this application and payment method.

USD\$		PAYMENT METHOD	
-------	--	----------------	--

***Application fee is a one-time fee. Annual membership due will apply as per the attached chart*

33. DECLARATION: The foregoing is complete and correct. No material fact which may affect consideration of our membership with JHI has been omitted. It is understood the conditions set out on the following page are acceptable and have been initialed in the place shown. I am the representative member of the Applicant Firm and have been authorised to apply for membership with JHI.

NAME	
SIGNATURE	
DATE	

APPLICANTS' OFFICES WILL BE VISITED AND REVIEWED PRIOR TO APPROVAL BEING GIVEN.

UNDERTAKINGS

NAME OF FIRM	
--------------	--

- A. Terms of the JHI Association Agreement require an additional 5% fee be charged to member firms on revenue received as a result of referrals from other JHI members. All clients so referred must be charged the same rate as existing clients and no portion of this additional fee may be passed on to the client.
- B. As part of the JHI Association Agreement, member firms are normally expected to send at least one representative each to the International Conference & Annual General Meeting, and to their respective annual Regional Meeting. Such meetings are regarded as a vital aspect of JHI participation.
- C. Upon admission to JHI, the applicant firm may not become a member of any other international association consisting of members who provide business advisory services (Unless applying as a correspondent member).
- D. Each member firm is allowed commentary on any subsequent member applicants within the geographical territory surrounding the principal area of practice within their discipline. This region will be approved by JHI. Please state the metropolitan area you represent:

--

- E. Member firms must enter into and sign the JHI Association Agreement, abide by its Articles and be familiar with these documents.

ACCEPTED AND AGREED	
DATE	

REQUIRED ADDITIONAL INFORMATION FOR COMMUNICATIONS

Please list the following information for all partners and/or senior staff who should receive JHI communications.

FULL NAME OF PARTNER (5)	E-MAIL	DIRECT TELEPHONE	AREA OF SPECIALISATION