

Membership Application Form

Joining the ICFOA is more than just becoming part of an organization, it's a commitment to a standard of excellence that benefits the international financial community. Your organisation will form part of a global alliance of executive financial institutes and CFO organizations that value transparency, accountability, and efficiency at the highest levels of the profession.

We advocate for CFOs globally through strategic collaborations with key regulators and standardsetters.

Our technical working groups ensure that the CFO voice shapes the financial landscape. We unite national CFO associations, fostering advocacy and excellence.

The International CFO Alliance is a unique coalition of national CFO associations, dedicated to elevating the global CFO profession through collective action and shared expertise.

To see how the ICFOA adds value and support its member associations please visit: https://icfoa.org/how-we-support-our-members/#
https://icfoa.org/how-we-create-value/

We are excited about your interest in joining our community of executive finance professionals.

Please complete the following initial application information to enable us to consider your organisation and to start the consultative process:

Section 1: Applicant Information

| 1. | Full Name of Person Authorised to Complete the Application: | |
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| 2. | Contact Details: | |
| | • Email: | |
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| | Phone Number: | |
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| 3. | Organization Name: | |
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| 4. | Organisation Physical Address: | |
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| 5. | Organisation Postal Address: | |
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| 6. | Organisation Website Address: | |
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| 7. | Country where the Organisation is Registered: | |
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Section 2: Membership Criteria

Please review and confirm your adherence to the ICFOA membership criteria (please select):

| I confirm that my organization meets the ICFOA membership criteria. | YES | NO |
|---|--------|------|
| I agree to uphold the standards and practices as outlined by the ICFOA. | YES | NO |
| I am submitting our organization's Articles of Association (or equivalent), (in English, optional) herewith attached. | YES | NO |
| We are a Not-for-Profit association ("N.P.O."), or a For-profit organization ("F.P."). | N.P.O. | F.P. |

Section 3: Duties and Obligations

Acknowledge your understanding and commitment to the duties and obligations of ICFOA members (please select):

| I have read and understood the duties and obligations of ICFOA members. | YES | NO |
|--|-----|----|
| I commit to actively participate and contribute to the ICFOA working groups if possible. | YES | NO |
| I commit to acting in the best interest of ICFOA at all times. | YES | NO |
| I understand and is accept the ICFOA's Articles of Association and will abide to them in | | NO |
| their entirety, with special emphasis on their fundamental principles, and purpose. | YES | NO |

Section 4: Organizational Profile

In this section, provide detailed information about your organization to allow us to evaluate your application effectively.

| 1. | Management Structure |
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| | Provide full details of your organization's leadership / executive management structure |
| | (with names) and staff compliment: |
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| ۷. | Membership Provide details of your erganization's number of members: |
| | Provide details of your organization's number of members: |
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| 3. | Professional Contributions |
| | Detail any contributions your organization has made to the finance profession (e.g., |
| | research, publications, community initiatives, public or online events, engagements with |
| | regulators or national standard setting bodies). Also provide details of planned events |
| | during the calendar year, if any (optional): |
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| 4. | Participation in | 1 ICFOA | Working | Group: |
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• Please indicate in which of the ICFOA working groups you are willing to participate in:

| E.S.G. Working Group | YES | NO |
|--|-----|----|
| Automation and Digital Transformation Working Group | YES | NO |
| International Tax Workgroup | YES | NO |
| International CFO Certification Workgroup | YES | NO |
| International Financial Performance Management Working Group | YES | NO |

| 5 | Type | of ICFOA | Membership |
|----|-------|----------|-------------------|
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• Please indicate which type of ICFOA membership you are applying for:

| Active Member (paying annual membership fees, with Board & Working Group participation) | YES | NO |
|---|-----|----|
| Observer Member (no annual membership fees or voting rights) | YES | NO |

| 6. | Additio | onal Supporting Information: Provide any additional information or context that supports your application (optional): |
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Note: Please indicate your memberships / affiliation to any other executive financial associations and attach any relevant supporting documents, such as certifications, awards, or publications, to support your ICFOA membership application.

Section 5: Submission Guidelines

- Please attach any relevant documents as outlined in the sections above to ensure that your application is complete.
- Applications should be sent via e-mail to: secretariat@icfoa.org

Section 6: Declaration and Signature

- I hereby declare that the information provided in this application is accurate and complete to the best of my knowledge. I understand that providing false or misleading information may result in the rejection of my application.
- I further declare that our association/organization is willing and capable to pay the annual membership fees as prescribed by the Board of the ICFOA.

| full Name: |
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| Capacity/Postion: |
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| iignature: |
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| Date: |
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