SMSF Professionals' Association of Australia Ltd

Application for deferral of SPAA membership and CPD

personal details

Name

SPAA Member Number

Firm/Employer Name

I am a: ☐ General Member ☐ SSA ☐ SSAud

continuing professional development deferral details

I would like to apply for a deferral for the following period:

☐☐ / ☐☐ / ☐☐☐☐ to ☐☐ / ☐☐ / ☐☐☐☐

Reason (s) for Deferral:

Signature: _____ Date: / /

office use only

Approved: ☐

Not approved: ☐ Comments: _____

Title: _____ Signature: _____ Date: / /

PLEASE RETURN YOUR FORM TO THE PROFESSIONAL STANDARDS COMMITTEE AT
enquiries@spaa.asn.au