Employer Accreditation Scheme – Members List

As part of your application, we require a list of all CIPFA members that are in your organisation.

Please can you list all members including students below.

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| **Member’s Name** | **CIPFA Membership Number or Email** |
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| **Student’s Name** | **CIPFA Membership Number or Email** |
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Please attach this document to your application and return to qualitycompliance@cipfa.org