

ASSOCIATE MEMBERSHIP APPLICATION FORM

Personal Information

Family name _____ Given name _____

(Please print your legal name as you wish it to appear on the certificate including middle name, initials, etc.)

Maiden name (if applicable) _____ Date of birth (Month/Day/Year) _____

Primary Language _____ Gender: Male Female

Home address _____

Postal code _____ Personal email _____

Home phone _____ Cell phone _____

Employer name _____ Occupation/Title _____

Business address _____

Postal Code _____ Business email _____

Business phone _____ Fax number _____

Type of Professional Activity

- Public practice – If yes, please specify: Sole Practitioner Partner in a firm Employed in a firm
- Employed in Government (Indicate level and department): _____
- Employed in Industry (Indicate sector): _____
- Other, please specify: _____

Affiliation Members

- Applying for admission by affiliation from: _____,
Name of body (institute, association or other)

I became a member of that body since (Date/Month/Year): _____. Please provide a letter in good standing from your current provincial body. Proof of payment of your national fees needs also to be provided. All unpaid fees will be invoiced by CPA New Brunswick.

Other Personal Information

Have you ever been convicted of a criminal or similar offence under any Act of the Parliament of Canada, or of the Legislature of any Province of Canada, or order of laws or ordinances of any Territory of Canada, or under the laws of any jurisdiction outside of Canada?

Yes No If Yes, please indicate the details: _____

If you answered Yes to the question above, has a pardon been received? _____

What is the date of your pardon?: _____

In answering the questions above, you may answer No if the proceeding(s) in which you were involved arose out of your operation of a motor vehicle and no penalty other than a fine or demerit points was imposed.

Have you ever been bankrupt? Yes (Indicate the details): _____

No Date: _____

If yes, have you been discharged? Yes (Indicate the details): _____

No Date: _____

Upon receiving the certificate, it shall remain the property of CPA New Brunswick. In the event of my ceasing to be a member or upon my being suspended for breach of rules or regulations, it shall be returned on demand. I agree that if admitted to membership, I will comply with the Act, the By-laws, the Unified Rules of Professional Conduct and Rules of CPA New Brunswick. I agree that the information given above is true and correct. I hereby accept the above terms and conditions.

Signature Date

Family name, Given name, (In print) Date

Privacy Statement

A Member has the right to privacy in respect of information of a personal nature known to CPA New Brunswick that is unrelated to membership status or not required to be disclosed in respect of the fulfilment of CPA New Brunswick's regulatory responsibilities.

CPA New Brunswick may have to disclose selective personal information to CPA Canada, other provincial accounting bodies and to third-party service providers for the purposes of offering member benefits.

FOR OFFICE USE ONLY

Approval

Signature 1: Position Date

Signature 2: Position Date

Certificate Number: _____

Please return this form to:

By mail: CPA New Brunswick
860 Main Street, Suite 602, Moncton, E1C 1G2

By Fax: (506) 830-3310

By Email: info@cpanewbrunswick.ca

For more details, please visit: www.cpanewbrunswick.ca