

# NON-RESIDENT 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): \_\_\_\_\_, member # \_\_\_\_\_.  
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? \_\_\_\_\_

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 CPA Code 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)

## 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](mailto:info@cpanewbrunswick.ca)

For more details, please visit: [www.cpanewbrunswick.ca](http://www.cpanewbrunswick.ca)