

INSTITUTE OF PROFESSIONAL ACCOUNTANTS

OF _____

MEMBERSHIP APPLICATION FORM

THIS IS A FORM TO JOIN OUR INSTITUTE. THE INFORMATION NEEDED IS FOR MANY ASPECTS OF OUR INSTITUTE INCLUDING GROUP LIABILITY INSURANCE.

SURNAME _____ GIVEN NAME _____ INITIALS _____

IF YOU WOULD LIKE YOUR NAME TO APPEAR DIFFERENT ON YOUR CERTIFICATE PLEASE SPECIFY

HOME ADDRESS _____

BUSINESS NAME _____

SOLE PRACTITIONER _____ PARTNER _____ EMPLOYEE _____

NAME OF PARTNER(S) _____

BUSINESS ADDRESS _____

TELEPHONE _____

HOME #

OFFICE #

FAX #

E-MAIL ADDRESS

SOCIAL INSURANCE NUMBER _____

OTHER ACCOUNTING DESIGNATIONS _____

FORMAL EDUCATION: (Please list all education, including dates, school name and location. Please indicate degrees, diplomas or certificates held, courses studied etc.) **PLEASE USE SEPARATE PAGES TO PROVIDE US WITH DATA ON THIS ENTIRE APPLICATION IF NEEDED.**

BUSINESS EXPERIENCE: _____

PRESENT OCCUPATION: _____

NUMBER OF YEARS EXPERIENCE ACCOUNTING: _____

PREVIOUS BUSINESS AND PROFESSIONAL EXPERIENCE: _____

PLEASE PROVIDE DATA ON ANY POSITION HELD OR EXPERIENCE GAINED WHICH IS NECESSARY TO ESTABLISH ELIGIBILITY IN OUR ASSOCIATION. ATTACH EXTRA PAGES IF REQUIRED.

PRESENT POSITION HELD: _____

NUMBER OF EMPLOYEES SUPERVISED/MANAGED: _____

REFERENCES:

NAME ADDRESS OCCUPATION

NAME ADDRESS OCCUPATION

NAME ADDRESS OCCUPATION

A PROCESSING FEE OF \$75.00 PLUS A COURSE EXEMPTION FEE OF \$90.00 MUST BE SUBMITTED WITH THE APPLICATION. THE ANNUAL REGISTRATION FEE FOR A FULL STATUS MEMBER IS CURRENTLY \$200.00. ONLY THE REGISTRATION FEE WILL BE REFUNDED SHOULD THE APPLICANT FAIL TO MEET THE STANDARDS FOR THE SOCIETIES CERTIFICATION. IF YOU ARE APPLYING FOR STATUS AS AN ASSOCIATE MEMBER (STUDENT) PLEASE INDICATE AND REMIT THE ANNUAL FEE OF \$100.00 WITH THIS APPLICATION (ONLY SEND A PROCESSING FEE OF \$90.00 FOR COURSE EXEMPTION FOR ASSOCIATE MEMBERSHIP IF YOU WANT TO KNOW YOUR COURSE EXEMPTIONS TO DATE).

I AUTHORIZE THE INSTITUTE OF PROFESSIONAL ACCOUNTANTS TO CONFIRM THE DATA ON THIS FORM.

I AGREE TO ABIDE BY THE BYLAWS AND CODE OF ETHICS OF THE INSTITUTE OF PROFESSIONAL ACCOUNTANTS .

DATE SIGNATURE