

## MEMBERSHIP APPLICATION FORM

(by examination – for CFE passers only)

After completing all membership admission requirements, complete and return this form to CPABC by email ([cpabcapplications@bccpa.ca](mailto:cpabcapplications@bccpa.ca)). Applications are processed in monthly batches. Your application should be submitted by the last business day of the month for review in the following month. The application fee and member dues for the year are payable once you receive notice that your application is conditionally approved - you will receive an email from our accounting department with instructions on how to access the Member's Only section of our website ([www.bccpa.ca](http://www.bccpa.ca)) to remit payment.

I, \_\_\_\_\_  
 First name Middle name Last name / Surname CPA CANADA ID#  
 (Full legal Name - print name in upper and lower case)

hereby make application for admission as a member of the Chartered Professional Accountants of British Columbia.

Home Address \_\_\_\_\_  
 Street

City Prov/Country Postal Code

Home Phone or Cell \_\_\_\_\_ Email \_\_\_\_\_

Present Employer Name & Address \_\_\_\_\_  
 Job Title

Street City Province Country Postal Code

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

CPABC mailings should be sent to: Home Employment  
 Preferred Email: Home Employment

*It is a member's responsibility to keep their contact information up-to-date with CPABC. By providing CPABC with your email address, you agree to receiving communications from CPABC by email.*

*CPABC will include your name and city of employment in the Member Directory available online to the public. If you have a valid reason why your information should not be included please contact the Privacy Officer ([privacy@bccpa.ca](mailto:privacy@bccpa.ca)).*

This application is limited to membership in the CPABC. An application for a practice license must be made separately to the CPABC Public Practice department ([publicpractice@bccpa.ca](mailto:publicpractice@bccpa.ca)).

In support of this application, I certify that I have completed the prescribed requirements below, in accordance with the Bylaw Regulations. I confirm that I have:

passed the Common Final Examination (CFE) in 20\_\_

received final confirmation that my experience has been approved and has met the PER standards.

If you are a candidate following the Pre-Approved Program Route or the Experience Verification Route (in public practice) you must submit the CPA Public Accounting Chargeable Hours Submission Form with this Membership Application form and tick the following boxes:

my Chargeable Hours form is attached to my most recent experience report in PERT or it was emailed to the CPABC PER email box

my Chargeable Hours form is [signed by me and my Program Leader](#).

my chargeable hours reported do meet the minimum chargeable hours required for the pre-approved path. See the link here to the [CPABC Pre-approved Program Details](#) for the threshold.

completed the required 21 hours of CPABC professional development courses (Gateway to Membership, Effective Management Skills and a soft skills course) after my CFE.

**PLEASE NOTE** that you may not use the CPA designation until all aspects of the application process are complete, **including payment of the application fee and dues**. If payment of the application fee and member dues is not submitted within 30 days of conditional approval, the conditional approval expires and you may be required to resubmit the application for review under the admission requirements in force at the time of resubmission.

**I undertake that, if I am admitted as a member of the Chartered Professional Accountants of British Columbia, I will comply with the *Chartered Professional Accountants Act*, Bylaws, Bylaw Regulations, and Rules of Professional Conduct of the organization, as may be amended from time to time.**

Date \_\_\_\_\_  
(mm / dd / yyyy)

Original Signature \_\_\_\_\_

**DECLARATION** – to be completed by the student

1. Have you ever pleaded guilty or been convicted of a criminal offense in any jurisdiction?	Yes	No
2. Do you have any charges outstanding under the criminal law in any jurisdiction?	Yes	No
3. Have you ever been found guilty, or pleaded guilty, of a violation of the provisions of any securities legislation in any jurisdiction, or entered into a settlement agreement with respect to such matters?	Yes	No
4. Have you ever been found guilty, or pleaded guilty, of a violation of the provisions of any tax legislation in any jurisdiction, or entered into a settlement agreement with respect to such matters?	Yes	No
5. Has a finding or determination ever been made by a committee of CPABC, a legacy body, a provincial CPA body or provincial legacy body that you are incompetent or unfit to practice, committed professional misconduct, engaged in conduct unbecoming a member, or contravened the Act, bylaws or Rules of Professional Conduct or corresponding legislation, bylaws or rules?	Yes	No
6. Have you ever been found guilty, or pleaded guilty, of a failure to comply with the requirements of another professional regulatory body in any jurisdiction in relation to a disciplinary or similar process, or entered into a settlement agreement with respect to such matters, or resigned from membership in or voluntarily deregistered from that professional regulatory body in order to resolve a disciplinary matter?	Yes	No
7. Have you ever been found guilty, or pleaded guilty, of a failure to comply with the requirements of another regulatory body in any jurisdiction where the matter involves acting in a professional capacity, relates to professional skills or involves circumstances where there was reliance on membership in or association with any provincial CPA body, or entered into a settlement agreement with that other regulatory body with respect to such matters?	Yes	No
8. Have you ever made an assignment in bankruptcy, been declared bankrupt or taken the benefit of any statutory provision for insolvent debtors?	Yes	No
9. Has your student enrolment ever been cancelled involuntarily and subsequently re-enrolled?	Yes	No

If you have answered “Yes” to any of these questions, please include full details with this application.

Date \_\_\_\_\_  
(mm /dd /yyyy)

Original Signature \_\_\_\_\_

*The information on this form is collected by CPABC under the authority of section 14 of the CPA Act [SBC 2015] for the purpose of processing your application for membership. Upon admission to membership, this information will form part of your member record and will be used by CPABC to regulate and to provide services under section 3 of the CPA Act [SBC 2015]. Should you have any questions about the collection of this information, please contact: Associate Registrar 800-555 West Hastings Street, Vancouver, BC 604-872-7222*

**CERTIFICATE OF CHARACTER**

TO BE SIGNED BY TWO MEMBERS IN GOOD STANDING OF THE CHARTERED PROFESSIONAL ACCOUNTANTS OF BRITISH COLUMBIA WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR (**ONE OF WHOM SHOULD BE YOUR MENTOR**). THE TWO MEMBERS CANNOT BE A FAMILY MEMBER. "FAMILY MEMBER" MEANS AN INDIVIDUAL'S SPOUSE, COMMON LAW SPOUSE, NATURAL OR ADOPTED PARENT, SIBLING, NATURAL OR ADOPTED CHILDREN, NATURAL GRANDCHILDREN, OR A CHILD LEGALLY ADOPTED BY THE NATURAL OR ADOPTED CHILD OF THE INDIVIDUAL SUCH THAT THE CHILD IS CONSIDERED A GRANDCHILD OF THE INDIVIDUAL.

Applicant name: \_\_\_\_\_

I certify that the above applicant for admission has been personally known to me and that the applicant is, to my knowledge, of good moral conduct and character, and in my opinion is a suitable person to be admitted as a member of the Chartered Professional Accountants of British Columbia.

(1) \_\_\_\_\_  
(PLEASE PRINT FULL NAME, INCLUDING DESIGNATION)

\_\_\_\_\_  
(ORIGINAL SIGNATURE OF PROPOSER)

Employer \_\_\_\_\_

I have known applicant for \_\_\_\_\_ years.

(2) \_\_\_\_\_  
(PLEASE PRINT FULL NAME, INCLUDING DESIGNATION)

\_\_\_\_\_  
(ORIGINAL SIGNATURE OF PROPOSER)

Employer \_\_\_\_\_

I have known applicant for \_\_\_\_\_ years.

(FOR CPABC OFFICE USE)

MEMBERSHIP APPLICATION FORM	
- SIGNED BY APPLICANT	- DECLARATION FOLLOWED UP
- EXPERIENCE CONFIRMED	- 21 HOURS CPABC PD COMPLETED
- CPAWSB RECORD CONFIRMATION RECEIVED	- SIGNED BY 2 SPONSORS

I certify that the applicant named above has completed all requirements prescribed under Bylaw 501(1) and is accepted as a member effective

Membership Department \_\_\_\_\_

Date: \_\_\_\_\_  
(mm /dd /yyyy)