

MEMBERSHIP RESIGNATION FORM

Once completed, this form must be returned to the attention of the Membership Department (email members@bccpa.ca or fax or mail).

Full Name	Member ID #			
Mailing address				
City	Province	Postal code	Country	Telephone

1. INTENT TO RESIGN

- Membership certificate enclosed
- Membership certificate already forwarded to CPAYT
- Membership certificate destroyed or location unknown (Part 2 below must be completed)

Please indicate your primary reason for resigning:

- | | |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> CPD
<input type="checkbox"/> Designation no longer required
<input type="checkbox"/> Dues | <input type="checkbox"/> Will not be immigrating to Canada
<input type="checkbox"/> Other. Please specify _____
_____ |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

In resigning from CPAYT, I acknowledge and understand the following:

- As a non-member, I must comply with the restrictions against use or display of professional accounting designations under section 25 of the *Chartered Professional Accountants Act*.
- As a non-member I must comply with the restrictions on provision of services under section 24 of the *Chartered Professional Accountants Act*
- I will not be permitted to use the designation "Certified Public Accountant" or the initials "CPA" in the Yukon Territory, even if I continue to hold that designation in a US jurisdiction.
- I will not be permitted to be a member of any CPAYT Committee, or to attend or participate in any meetings of CPAYT.
- If currently employed in the Yukon Territory, I have informed my employer, or will inform my employer promptly after acceptance by the CPAYT of my resignation, that I am no longer a member of CPAYT.
- A member or registered firm of CPAYT will not be permitted to employ me or carry on public practice with me in the Yukon Territory except with the prior consent of the Registrar.

Original signature	Date (mm / dd / yyyy)
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PLEASE NOTE that if your membership certificate has been destroyed or its whereabouts are unknown you must sign the Declaration below.

2. DECLARATION FOR LOST OR DESTROYED CERTIFICATES

In the Matter of my intent to resign my membership in Chartered Professional Accountants of Yukon.

- **I acknowledge** that, pursuant to Bylaw 507(3), my membership certificate is the property of CPAYT;
- **I declare** that my membership certificate has been destroyed or that its location is unknown to me;
- **I undertake** to forward my membership certificate forthwith to CPAYT if it is ever recovered.

Original signature	Date (mm / dd / yyyy)
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