



MEMBERSHIP APPLICATION FORM

(for applicants from other Canadian provincial/territorial CPA bodies or Bermuda)

To apply for membership, complete and return this form to the Membership Department, CPABC by email to (cpabcapplications@bccpa.ca). Applications are processed in monthly batches. After receipt of a membership application, the CPABC process involves verification of your standing with your current accounting body. You are not required to submit member dues with this application. 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) to remit payment.

Please note that you may not use the CPA designation until all aspects of the application process are complete, including payment of member dues. Payment of member dues must be submitted within 30 days of conditional approval or the conditional approval expires and you may be required to resubmit the application for review.

This application is limited to membership in the CPABC. An application for a practice licence must be made separately to the CPABC Public Practice Department (publicpractice@bccpa.ca)

NOTE that only CPABC members in good standing are entitled to use the CPA designation in BC.

CPA Canada ID#: _____ Accounting Designation(s): _____

Applicant's Name: _____

First name Middle name Last name/Surname
(Full legal name - print name in upper and lower case)

Female Male Other/Not Disclosed Date of Birth _____
mm / dd / yyyy

Home Address: _____

Street
City Province/Territory Country Postal Code
Home or cell phone _____ Email _____

Present Employer Name & Address: _____

Name Job Title
Phone Number _____ Fax _____ Email _____

Street
City Province/Territory Country Postal Code

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.

I hereby apply to be admitted as a member of the Chartered Professional Accountants of British Columbia.

I am a member of _____, having been admitted into membership on _____
(current CPA body of province, territory or Bermuda) (mm /dd /yyyy)

on the basis of:
Having passed the final examination requirements.
Other. I was admitted on the basis of (identify) _____

If you were first admitted to a professional accounting body in a country other than Canada, provide:

Country Accounting body Date of admission (mm /dd /yyyy)

CPA CANADA ID: _____ Full Name of Applicant: _____

List all other Canadian CPA bodies (other than your current one noted above) of which you have been or still are a member, including date of admission and reason for discontinuance of membership, if applicable.

CPA Body	Date of Admission	Active		If No, reason for discontinuance
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Active		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

DECLARATION – to be completed by the applicant

1. Have you ever been charged, in Canada or elsewhere, with a criminal or summary conviction offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever pleaded guilty to, or been convicted of, a criminal or summary conviction offence in Canada or elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever received a pardon/record suspension in Canada or elsewhere (or something similar to a pardon/record suspension)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. With respect to a violation or alleged violation of a provision of securities or tax legislation in Canada or elsewhere (a "Matter"), are you currently the subject of an allegation or charge regarding a Matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. With respect to a violation or alleged violation of a provision of securities or tax legislation in Canada or elsewhere (a "Matter"), have you ever pleaded guilty or been found guilty of a Matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. With respect to a violation or alleged violation of a provision of securities or tax legislation in Canada or elsewhere (a "Matter"), have you ever entered into a settlement agreement with respect to a Matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you currently the subject of a complaint, investigation or disciplinary process of any professional body (accounting or otherwise) or other regulatory body in Canada or elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever been found to have failed to comply with the requirements of a professional body (accounting or otherwise) or other regulatory body in Canada or elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever entered into a settlement or resolution agreement with a professional body (accounting body or otherwise) or other regulatory body in Canada or elsewhere in order to resolve a complaint, investigation or disciplinary matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you ever resigned registration or membership as a member, candidate or student in a professional body (accounting body or otherwise) or other regulatory body in Canada or elsewhere in order to resolve a complaint, investigation or disciplinary matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever made an assignment in bankruptcy, been declared bankrupt or taken the benefit of any statutory provision for insolvent debtors in Canada or elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Has your registration as a member, candidate or student ever been terminated involuntarily by a professional accounting body (including a provincial or regional CPA body, or legacy body) for non-payment of dues, failure to complete Continuing Professional Development requirements, exhausting module/exam attempts, failure to complete the program within established time limits, or for any other reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you ever been found to have breached academic rules or policies (including rules or policies against plagiarism or cheating) or to have engaged in any other form of academic or non-academic misconduct at any post-secondary educational institution in Canada or elsewhere, or as a student or member of a professional body (including a provincial or regional CPA body, or a legacy body)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Have you ever been a defendant in any civil proceeding, in Canada or elsewhere, in which allegations of fraud, dishonesty, theft, or misrepresentation were made against you or against any company in which you have, or had, a controlling interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Have you ever resigned, been suspended, or been dismissed from any employment or work, including volunteer work, in Canada or elsewhere, following allegations of misconduct against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Note: Applicants meeting admission requirements will be billed (pro-rated to year end of March 31) for CPABC membership fees for the current year and must pay such fees by the date noted on the invoice. Please indicate where you intend to pay your CPA Canada dues for your first full fiscal year of dues. CPABC or _____
(Province, Territory or Bermuda)

Declaration

I, the above-named applicant,

1. Attest the information in this application is correct to the best of my knowledge;
2. Undertake that, if I am admitted as a member of the Chartered Professional Accountants of British Columbia (CPABC), I will comply with the Chartered Professional Accountants Act, CPABC Bylaws, CPABC Bylaw Regulations and CPABC Rules of Professional Conduct of the organization, as may be amended from time to time;
3. Agree to report to CPABC within 30 days any investigation(s) undertaken or sanctions imposed by an affiliate CPA body/Ordre

Date _____
mm /dd /yyyy)

Applicant's original signature

The information in the online membership application is collected by CPABC under the authority of the CPA Act [SBC 2015] and the Freedom of Information and Protection of Privacy Act [RSBC 1996] for the purpose of processing your application for membership. Upon admission to membership, this information will form part of your member record, which will be used by CPABC to administer and regulate your membership with CPABC; provide services under section 3 of the CPA Act; and develop new, or evaluate and make improvements to existing programs, services and products. 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*

Accepted effective _____ Date (mm / dd / yyyy)	_____ Membership Department
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CPA CANADA ID: _____

Full Name of Applicant: _____

application by affiliation - 11/19

COMPLETE PART 1 ONLY THEN SEND TO YOUR HOME PROVINCIAL CPA BODY FOR COMPLETION OF PART 2.

Part 1 – To Be Completed by the Registrant

Registered Legal Name (in full): _____

DOB: _____ CPA Canada ID#: _____
(mm / dd / yyyy)

I, _____, authorize CPA _____ to release information in relation to my application for registration as a member on the basis of affiliation with CPABC.

Signature Date (mm / dd / yyyy)

Please note CPABC may request original documentation provided to your current CPA body for registration with your current CPA body.

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

SECTION BELOW TO BE COMPLETED BY HOME PROVINCIAL CPA BODY

Part 2 – Registrant Qualification Details

We, _____, confirm the following information related to the individual named above:

Registered Legal Name (in full): _____
First name Middle name Last name Designation

Date of Membership: _____ CPA Canada ID#: _____
(mm / dd / yyyy)

Membership gained by completing the following: CPA CA CGA CMA

Affiliation from another provincial body
Please provide a copy of original documentation provided when admitted to this body

Foreign Qualification
Name of foreign accounting organization: _____
Exam completed and date(s): _____
Please provide a copy of original documentation provided when admitted to this body

If applicable, Fellowship awarded on _____ (mm / dd / yyyy)

Fees paid: CPA Canada Provincial resident Provincial affiliate For fiscal year ending: _____
(mm / dd / yyyy)

CPD Compliant Yes No If No, please explain _____

CPD reduction received Yes No If Yes, state reason _____

Member has reported:

Verified _____ plus _____ unverified, for the reporting period of January 1, 20____ through December 31, 20____

Verified _____ plus _____ unverified, for the reporting period of January 1, 20____ through December 31, 20____

Verified _____ plus _____ unverified, for the reporting period of January 1, 20____ through December 31, 20____

Please indicate if the member is the subject of a complaint, investigation, disciplinary proceeding or finding, order or settlement in respect to a disciplinary matter.

Academic qualification (if available):

Degree Granted	University	Date Granted

Basis of Admission	CPA	Legacy CA	Legacy CMA	Legacy CGA
Year of completion of education program:	(date passed CFE)	(date passed UFE)		
Practical experience duration completed (if applicable):				
Province of first membership:				
Date of first membership:				

We know of no reason why registration as a member with CPA British Columbia should not be granted.

Name of CPA body

Date (mm / dd / yyyy)

Print Name and Position

Signature

Phone

Email

RETURN COMPLETED FORM TO members@bccpa.ca