

MEMBERSHIP CANCELLATION REQUEST FORM

Pursuant to CPA Yukon (CPAYT) Bylaw 510, I hereby request that my membership in CPAYT be cancelled.

Upon completion, please return this form to CPAYT's Membership Registration Department (email members@bccpa.ca, fax (604 235 3316), or mail to the address noted above)

| | | | | |
|-----------------|-------------|-------------|-------------|-----------|
| _____ | | | _____ | |
| First Name | Middle Name | Last Name | Member ID # | |
| _____ | | | | |
| Mailing Address | | | | |
| _____ | | | | |
| City | Province | Postal Code | Country | Telephone |

Please indicate reason for cancellation:

CPD

Will not be immigrating to Canada

Designation no longer required

Cancelling in the face of discipline

Dues

Other. Please specify

No longer reside in BC / member of another body
where I reside, please indicate: _____

In cancelling my CPAYT membership, 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 membership cancellation, that I am no longer a member of CPAYT.
- **If I obtain employment in public practice or carry on the practice of public accounting with a CPAYT member**, I will ensure the firm or member is aware I am no longer a CPAYT member (under Rule 410 of the Code of Professional conduct a firm or member must obtain prior consent of the Registrar to associate with said former member).

Please indicate status of membership certificate(s) (CPA and legacy):

I am required to promptly return to CPAYT the certificate(s) of membership, issued to you by CPAYT and its legacy bodies.

Membership certificate(s) (CPA and legacy) enclosed

Membership certificate(s) (CPA and legacy) already forwarded to CPAYT

Membership certificate(s) (CPA and legacy) destroyed or location unknown

In the matter of my membership cancellation and certificate(s):

- **I acknowledge** that, pursuant to Bylaw 507(3), my membership certificates (CPA and legacy) are the property of CPAYT;
- **I declare** that my membership certificates (CPA and legacy) have been destroyed or that their location is unknown to me;
- **I undertake** to forward my membership certificates (CPA and legacy) forthwith to CPAYT if they are ever recovered.

Original (handwritten) signature

Date (mm / dd / yyyy)