

CPA YUKON MEMBERSHIP APPLICATION FORM FOR CPA'S FROM OTHER PROVINCES OR TERRITORIES AND BERMUDA

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

To apply for membership with CPAYT, complete and email this form along with a scanned copy of one government-issued ID to: cpabcapplications@bccpa.ca. After receipt of your application, CPAYT will verify 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 Finance Department with instructions on how to access Online Services on our website to remit payment.

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. If your conditional approval expires, you may be required to resubmit the application for review.

This application is limited to membership in the CPAYT. An application for a practice license must be made separately to the CPAYT Public Practice Department.

NOTE that only CPAYT members in good standing are entitled to use the CPA designation in Yukon Territory.

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

Applicant's Name: _____

First name	Middle name	Last name/Surname
<i>Must match legal name verification document submitted with the completed application.</i>		
Date of Birth: _____		mm / dd / yyyy

Home Address _____
Street

City	Province	Country	Postal Code
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Home Phone or Cell _____ Email _____

Present Employer Name & Address _____
Job Title

Street	City	Province	Country	Postal Code
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Phone _____ Fax _____ Email _____

CPAYT 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 CPAYT. By providing CPAYT with your email address, you agree to receiving communications from CPAYT by email.

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

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)
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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.

CPABody	Date of Admission	Active <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, reason for discontinuance <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 become bankrupt, or filed, commenced, or consented to the filing or commencement of an insolvency proceeding?	<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

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

CPA Canada ID

Full name of applicant

Note: Applicants meeting admission requirements will be billed (pro-rated to year end of March 31) for CPAYT 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. CPAYT 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 Yukon (CPAYT), I will comply with the Chartered Professional Accountants Act, CPAYT Bylaws, CPAYT Bylaw Regulations and CPAYT Rules of Professional Conduct of the organization, as may be amended from time to time;
3. Agree to report to CPAYT 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 [SY 2016], the Chartered Professional Accountants 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 CPA Yukon; provide services under section 3 of the CPA Act; and develop new, or evaluate and make improvements to existing programs, services and products. By providing your information, you consent to CPA Yukon and CPABC using the information collected on this form for the purposes described above. 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.

CPA CANADA ID: _____

Full Name of Applicant: _____

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 application form is collected by CPABC under the authority of the CPA Act [SY2016], the Chartered Professional Accountants 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 CPA Yukon; provide services under section 3 of the CPA Act; and develop new, or evaluate and make improvements to existing programs, services and products. By providing your information, you consent to CPA Yukon and CPABC using the information collected on this form for the purposes described above. 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 Yukon 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