

**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 professional program:  CPA  CA  CGA  CMA

**OR** by

- Affiliation from another provincial CPA body  
**Please provide a copy** of original *Provincial Confirmation* form (and other supporting documents) when the member was admitted to this body.

**OR** by

- Foreign Qualification  
Name of foreign accounting organization: \_\_\_\_\_  
Exam completed and date(s): \_\_\_\_\_  
**Please provide a copy** of original *membership standing* letter (and other supporting documents) provided when the member was 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

For legacy completers or CPA program completers:

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](mailto:members@bccpa.ca)**