



Application For Membership By Affiliation

A. PERSONAL INFORMATION:

All applicants are required to provide satisfactory evidence of legal name and age (i.e. a copy of their birth certificate, passport, Canadian citizenship card, landed immigrant papers, or baptismal certificate).

Registered Name: _____ CICA# _____
 Degree: _____ Date (mm/dd/yyyy): ___/___/____ University: _____ Birthdate (mm/dd/yy): ___/___/____

B. RESIDENTIAL ADDRESS INFORMATION

Address: _____
 Residence Phone: _____ Residence Fax: _____
 Please use the above as my preferred mailing address Preferred E-mail: _____

C. EMPLOYMENT INFORMATION

Employer Name: _____ Position Title: _____
 Employer Address: _____
 Employment Phone: _____ Employment Fax: _____
 Please use the above as my preferred mailing address Employment Date: (mm/dd/yyyy): ___/___/____

D. PLEASE COMPLETE ONE SECTION ONLY

I am applying for admission as a CA member, from (name of Institute/Ordre): _____
 I became a member in the above body in (mm/dd/yyyy) ___/___/____ Are you a member in good standing? Yes No
 Did you receive your training in a public accounting office? Yes No

I am applying for admission as a student of (name of Institute/Ordre): _____
 following the successful completion of the Uniform Examination/Evaluation in (mm/dd/yyyy): ___/___/____
 Are you a student in good standing? Yes No

E. LIST ANY OTHER INSTITUTES OR OTHER ACCOUNTING BODIES WHERE YOU HAVE BEEN A STUDENT OR A MEMBER:

Name of Accounting Body	Student/Member	From (mm/dd/yyyy)	To (mm/dd/yyyy)
_____	_____	___/___/____	___/___/____
_____	_____	___/___/____	___/___/____

F. LIST ALL PUBLIC ACCOUNTING EMPLOYMENT, AS A STUDENT, AN EMPLOYED MEMBER OR AS A PARTNER:

Public Accounting Firm Name	Address	From (mm/dd/yyyy)	To (mm/dd/yyyy)
_____	_____	___/___/____	___/___/____
_____	_____	___/___/____	___/___/____
_____	_____	___/___/____	___/___/____
_____	_____	___/___/____	___/___/____

