



MEMBER INFORMATION

Bylaw 60

Please complete/update all areas on this form
(optional items maybe left blank)

PERSONAL & CONTACT INFORMATION

NAME (as it to appears on your certificate): _____

Complete Legal NAME ⁽¹⁾ (if different from the above): _____

Employer: _____
(if self employed, provide legal and operating names)

Residential Address ⁽²⁾
(Civic) _____

Business Address: _____

Mailing Address: _____

Position (optional): _____

Main Line: _____

Residential Phone: _____

Direct Line (optional): _____

Date of Birth (MM/DD/YY): _____

Place of Birth (optional): _____

Preferred Mailing Address: Residential ___ Employer ___ Preferred Email: _____ Preferred Fax: _____

PROFESSIONAL PRACTICE INFORMATION

Primary Type of Employment (check one): Public Practice⁽³⁾ Industry Education Government
 Other (specify) _____

Member engaged/employed in providing services to the public as a chartered accountant YES NO

Member engaged/employed in the practice of public accounting? ⁽¹⁾ YES NO

Member holds assets in trust? YES NO

Member uses CPA designation? YES NO State: _____

- Notes:** (1) The member register maintained under Section 16 of The Chartered Accountants Act, 1986 (CA Act) will include:
a) the member's legal name, b) date admitted to membership, c) whether engaged or employed in the practice of public accounting with a registered office, d) membership in other CA Institutes.
(2) A member's residential address will be used for purposes of legal/regulatory matters under the CA Act and bylaws.
(3) Public Practice for this purpose includes only the practice of public accounting. Any other practice or business in which a member(s) offers or provides service to the public as a chartered accountant(s) should be designated as 'other' with a description provided.

I certify that the information contained on this form as amended is accurate at this date.

Signature

Date

Member Register Information: Member ID: _____ Admission Date⁽¹⁾: _____

**MEMBERSHIPS WITH OTHER CA INSTITUTES (ORDRE) ⁽¹⁾
OR OTHER PROFESSIONAL DESIGNATIONS**

CA Institute & Month/Year Admitted: _____

Other Professional Designations (optional): _____

FIRM/ORGANIZATION WITH WHICH TERM OF SERVICE WAS COMPLETED (Name & Location)

EDUCATION

University/Degree Obtained (with distinction, honors, etc.): _____
