

THE NEW BRUNSWICK INSTITUTE OF CHARTERED ACCOUNTANTS

MEMBERS RECORDS MASTERFILE UPDATE - REQUEST FOR INFORMATION

In order to ensure our records are complete, accurate and up-to-date, please take a few minutes to complete the form below and **return it to us as soon as possible** OR you can complete a member update form on-line through our website – [www.nbica.org](http://www.nbica.org)

1. Last Name \_\_\_\_\_; First Name \_\_\_\_\_; Middle Initial \_\_\_\_\_

2. Maiden Name (if applicable): \_\_\_\_\_

3. Please send all NBICA mailings to my: \_\_\_\_\_ Business Address \_\_\_\_\_ Residence Address

4. Firm/Employer Name: \_\_\_\_\_

Employment Title: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Postal Code \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Business Fax: ( ) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

5. Residence Mailing Address: \_\_\_\_\_

Postal Code \_\_\_\_\_

Residence Phone: ( ) \_\_\_\_\_

6. Employment Sector: \_\_\_\_\_ Public Practice (PP) \_\_\_\_\_ Education (E)

\_\_\_\_\_ Industry (I) \_\_\_\_\_ Retired (R)

\_\_\_\_\_ Government (G)

\_\_\_\_\_ Other (O) Please Specify: \_\_\_\_\_

7. If public practice, what is your status: \_\_\_\_\_ Office Managing Partner (OMP) \_\_\_\_\_ Partner (P)  
\_\_\_\_\_ Employee (E) \_\_\_\_\_ Sole Practitioner (S)  
\_\_\_\_\_ Office of Auditor General (OAG) \_\_\_\_\_ Part Time Practitioner

8. Date of Birth: \_\_\_\_\_  
(Day/Month/Year)

9. I would like to receive my NBICA mailings in: \_\_\_\_\_ English \_\_\_\_\_ French

**PLEASE TURN OVER**

10. Province where CA designation obtained and year: \_\_\_\_\_

11. Other Provincial Institutes where dues are paid: \_\_\_\_\_

12. Prime Fees Paid to (province): \_\_\_\_\_

13. University degree(s):

Degree	University	Year Obtained
_____	_____	_____
Degree	University	Year Obtained

14. Other professional designations you hold:

Designation	Year Obtained
_____	_____
Designation	Year Obtained

15. Other languages spoken: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED FORM TO:**

The New Brunswick Institute of Chartered Accountants  
55 Union Street, Ste.250  
Mercantile Center  
Saint John, NB  
E2L 5B7

**OR Fax to us at (506)634-1015**

**Or complete the on-line form at our website - [www.nbica.org](http://www.nbica.org)**