



APPLICATION FOR MEMBERSHIP



THE NEW BRUNSWICK INSTITUTE OF CHARTERED ACCOUNTANTS

55 Union Street, Suite 250 - Mercantile Center

Saint John, NB, E2L 5B7

Phone: (506)634-1588 Fax: (506)634-1015 Email: kathywills@nb.aibn.com

1. _____
Surname (Please Print) Given Names (in full)

_____ Maiden Name (if applicable) _____
Date of Birth - Month/Day/Year

2. **Residence Address:**

3. **Name & address of Present Employer:**

Postal Code: _____

Postal Code: _____

Residence Phone: _____

Business Phone: _____

Business Fax: _____

E-Mail Address: _____

4. Type of Professional Activity: _____ Sole Practitioner _____ Employed in Industry
_____ Partner in CA Firm _____ Employed in Government
_____ Employed by CA Firm _____ Employed in Education

Other: _____

5. Your Occupation/Title: _____

6. Address for NBICA Mailings: _____ Business _____ Residence

7. (a) Preferred Language for NBICA Mailings: _____ English _____ French

(b) Languages: Spoken - _____
Written - _____

8. University Degree(s) - show degree, university and year awarded:

Degree: _____ University: _____ Year: _____

Degree: _____ University: _____ Year: _____

9. Decorations, Awards, etc.: _____

10. Applying for admission by affiliation from _____
(Name of Institute or Association)

Note: If applying by affiliation, please provide a letter in good standing from your current member provincial Institute.

11. (a) I became a member of the above body in _____,
(Month) (Year)

(b) Are you still a member in good standing of the above body? _____ Yes _____ No

(c) **Note 1: If you answered YES to 11(b), you need not complete this section (c), proceed to (d).**

Student Experience Requirements (to be completed by all applicants seeking admission by affiliation with another Institute of CAs):

- (i) total number of chargeable hours prior to admission as a CA: _____
- (ii) total number of assurance (re: audit/review) hours prior to admission as a CA: _____
- (iii) total number of audit hours prior to admission as a CA: _____
- (iv) total number of taxation hours prior to admission as a CA: _____

Note 2: If you are applying for membership by affiliation through the BC or Alberta Institute, you must complete Student Experience Requirements section (part (c)) above.

Page 2

(d) Professional Designations you hold: _____

12. Have you, at any time, been a student or member of any Institute or any other accounting body(ies) other than the one named above? _____ Yes _____ No

If yes, give name of the accounting body(ies) and year(s) during which you were a student and/or member

13. Names and addresses of employers (please list all employment, both as a student and as a member, with practising Public Accountants):

	Name and Address of Employer	Period Employed	
		From	To
(1)	_____	_____	_____

(2)

(3)

14. Have you ever been convicted of a criminal or similar offence under any Act of the Parliament of Canada, or of the Legislature of any Province of Canada, or under the laws or ordinances of any Territory of Canada, or under the laws of any jurisdiction outside of Canada? _____ Yes _____ No

15. Have you ever been convicted of a criminal or similar offence under any Act of the Parliament of Canada, or of the Legislature of any Province of Canada, or under the laws or ordinances of any Territory of Canada, or under the laws of any jurisdiction outside of Canada for which a pardon has been received? _____ Yes _____ No

(i) In answering questions 14 & 15, you may answer NO if the proceeding(s) in which you were involved arose out of your operation of a motor vehicle and no penalty other than a fine or demerit points was imposed.

(ii) If you answer YES to either question 14 or 15, provide full details (attach a separate sheet).

16. Name all Institutes in which you presently hold memberships, please include year of admission to each:

Institute: _____ Year of Admission: _____

Institute: _____ Year of Admission: _____

Institute: _____ Year of Admission: _____

17. TO THE COUNCIL - THE NEW BRUNSWICK INSTITUTE OF CHARTERED ACCOUNTANTS

I hereby apply for admission to membership and declare that (please X all items that apply) :

_____ (a) I am 19 years of age;

_____ (b) I am a resident of New Brunswick;

_____ (c) I am a member of a firm which practices in New Brunswick and I am a member in good standing of a Provincial Institute); OR

_____ (d) I am a member of a company outside of public practice that has been approved for the training of CA students;

_____ (e) That the information given above is true and correct;

_____ (f) I agree that if admitted to membership, the Act and the By-laws, Regulations and Rules of Professional Conduct of the Institute as existing from time to time will govern the relations between myself and the Institute.

Signature

Date _____

Applicant must have this section signed by two members of this Institute. Non-resident members may have it signed by two members of their province of residence and are asked to change the wording accordingly.

We, being members of The New Brunswick Institute of Chartered Accountants, certify that in our opinion, the applicant described herein is of good moral conduct and character.

Name (please print)

Signature

Name (please print)

Signature