

Member Information Form For Registration in CPA NL PDPA

Please return completed form to kmayo@cpanl.ca

MEMBER INFORMATION *(all fields mandatory)*

| | | | | | |
|--|--|--------------------|--|------------------------|--|
| First Name: | | Last Name: | | Preferred Name: | |
| Residency Status: | | | | | |
| Canadian Citizen | | Permanent Resident | | Temporary Resident | |
| CPA Provincial Governing Body: | | | CPA Canada Membership Number: | | |
| Home Address | | | | | |
| Street: | | City: | | Province: | |
| | | | | | |
| Home Telephone: | | | Personal Email: | | |
| | | | | | |
| Business Name: | | | | | |
| | | | | | |
| Business Address | | | | | |
| Street: | | City: | | Province: | |
| | | | | | |
| Business Telephone: | | | Business Email: | | |
| | | | | | |
| Please indicate preferred email contact: | | | | | |
| Home | | | Business | | |
| <p>Disclaimer: <i>I consent to the CPA Newfoundland and Labrador (CPA NL) creating a profile on my behalf, and agree to receive communications from CPA NL related to my course registrations.</i></p> <p>I agree to the terms above</p> | | | | | |
| <hr style="border: none; border-top: 1px solid black;"/> Signature | | | <hr style="border: none; border-top: 1px solid black;"/> Date | | |

Your payment of \$1,300 plus HST is due upon receipt of your invoice. You will notified by email when your registration has been invoiced, at which time payment can be made through the member portal.