

MEMBERSHIP APPLICATION FORM – RPAA-ATLANTIC

Please provide as much information as possible to proceed with your application. Any documentation forwarded to the Association that is not required, will be returned. Photocopies of documents are sufficient, unless otherwise requested.

Surname

Given Name

Middle Name of Initial

(This is how your name will appear on your Certificate – if you wish it to appear different than above, please indicate in the space below. The association may vary between the Middle Name and Initial to fit the Certificate.)

Home Address: _____

Business Name: _____

Business Address: _____

Please indicate if you are a Partner, Employee, Proprietorship, or Corporation:

Home Phone Number: _____

Business Phone Number: _____

Fax Number: _____

Work E-Mail address: _____

Home E-Mail address: _____

Social Insurance Number: _____

ACCOUNTING DESIGNATIONS AND DATE RECEIVED:

OTHER DESIGNATIONS AND DATE RECEIVED:

Have you ever been a member of this Association? Yes/No _____

Dates, Membership Number: _____

Does Errors & Omissions Insurance currently cover you? Yes/No _____

BUSINESS EXPERIENCE

PRESENT OCCUPATION: _____

NUMBER OF YEARS EXPERIENCE IN ACCOUNTING: _____

PREVIOUS BUSINESS AND PROFESSIONAL EXPERIENCE:

Please provide a summary of any position held or experience gained, which would be necessary to establish eligibility in our Association. Please simply attach extra pages if necessary.

SUPERVISORY POSITION HELD:

NUMBER OF EMPLOYEES SUPERVISED MANAGED: _____

PLEASE RELATE ANY OTHER INFORMATION, WHICH YOU FEEL WOULD BE OF VALUE TO THE ASSOCIATION. IN ASSESSING YOUR APPLICATION:

(If necessary, please attach a second sheet)

Have you, or any Partner, or Employee, or Associate ever been convicted of an offense punishable by indictment, or been successfully sued in a civil action relating to fraud? Yes/ No _____

Have you ever been disciplined, suspended, disqualified or censured by a professional organization? Yes/No _____

Have you ever been denied, or have had revoked any license or permit, the procurement of which required good moral character? Yes/No _____

Have you ever been adjudged in any legal proceedings with bankruptcy, insolvency or ever filed a voluntary petition of bankruptcy? Yes/No _____

Are there any outstanding civil judgments against you or any actions outstanding against you? Yes/No _____

Have you, at any time not obeyed any Order of the Court requiring you to do or abstain from doing any action? Yes/No _____

Is there, to your knowledge or belief, any event, circumstance, condition or matter not disclosed in your replies to the foregoing questions, that touches on or may concern your conduct, character and reputation, and that you know is or believe might be thought to be an impediment to your being granted a designation as an RPA or warrant further enquiry by the Registered Public Accountants' Association-Atlantic? Yes/No _____

Have you ever been refused designation as a Registered Public Accountant in any other association? Yes/No _____

If the answer to any of the above questions is yes, please attach full details on a separate sheet.

AUTHORIZATION

I, _____, HEREBY GRANT THE Registered Public Accountant's
(Print Name)

Association-Atlantic full authority to make enquiry from any police authority or other authority, or individual or corporation, with regard to any criminal record or with regard to any of the matters referred to in this application, and I hereby authorized all persons enquired or pursuant to this application, to provide all information requested.

DECLARATION OF APPLICANT AND WITNESS

I, _____, the applicant in the above application for designation as an
(Print Name)
RPA, or Associate DO SOLEMNLY DECLARE, that the statements contained herein are complete and true in every respect.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signed before me at _____

In the Province of _____

This _____ day of _____, 200_

Signature of Applicant: _____

Name of Witness: _____
(Print Name)

Signature of Witness: _____

