Chartered Professional Accountants of Manitoba
1675-One Lombard Place Winnipeg MB CANADA R3B 0X3
T. 204 943.1538 F. 204 943.7119
CPAmb.ca

Application for Membership - Transfer In

The information provided in this form is subject to the provisions of the CPA Manitoba Privacy Policy, which is located online at https://cpamb.ca.

Upon receipt of this application, CPA Manitoba will verify the applicant's standing with their residential accounting office. Once approved, a Welcome letter confirming membership admission plus any applicable invoice(s) will be mailed to the applicant. A CPA Manitoba certificate will follow, shortly thereafter.

This application is limited to membership with CPA Manitoba and must be sent to:

Mail:
CPA Manitoba
675 – One Lombard Place
Winnipeg MB R3B 0X3

Email:
era@cpamb.ca

Questions?
Please email era@cpamb.ca

If you are currently registered for Public Practice, please complete ***Appendix A***.

Please note: An application to practice public accounting or other regulated services must be made separately to CPA Manitoba Regulatory Affairs. Please contact era@cpamb.ca for more information.

Information to be completed by the Applicant

I hereby make application for membership with CPA Manitoba. I am currently a member of CPA _____, having been admitted into membership on _____ (m/d/y).

☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr.

_____ _____ _____
Legal First Name | Middle Name(s) | Legal Last Name

_____ _____ _____
CPA Member ID | Date of Birth (m/d/y) | Informal Name/ Nickname (if applicable)

_____
Home Address

_____ _____ _____ _____
City/Town | Province | Country | Postal Code

_____ _____ _____
Home Phone | Alternate Phone | Home Email Address

_____ _____
Company Name | Position Title

_____ _____
Industry | Function

_____
Company Address

_____ _____ _____ _____
City/Town | Province | Country | Postal Code

_____ _____ _____ _____
Company Phone | Ext. | Fax | Company Email Address

Please check your preferred contact information for each area provided below:

Mailing Address: ☐ Company ☐ Home **Email Address:** ☐ Company ☐ Home

If you were a member of a legacy accounting body, please indicate which one below:

☐ Chartered Accountant ☐ Certified General Accountant ☐ Certified Management Accountant

If you were first admitted to a professional accounting body in a country other Canada, please provide:

_____

Country Accounting Body Date of Admission (m/d/y)

List all other Canadian CPA bodies (other than your current one noted above) of which you have been or still are a member, including date of admission and reason for discontinuance of membership, if applicable.

CPA Body Date of Admission Active: Yes or No If no, reason for discontinuance:

_____

_____

_____

Please answer the questions below. Attach a separate page to explain any Yes answers.

1. Have you ever become bankrupt (including having made an assignment in bankruptcy, or had a receiving order granted against you), or taken the benefit of statutory provisions for insolvent debtors (including the filing of a proposal)? ☐ Yes ☐ No
2. Have you ever been found guilty or pleaded guilty to a criminal offence or a violation of the provisions of any securities legislation in effect in any jurisdiction? ☐ Yes ☐ No
3. Has any professional organization or regulatory body ever taken disciplinary action against you? ☐ Yes ☐ No
4. Is there any legal proceeding pending against you in which allegations of fraud, theft or misrepresentations have been made against you, or has judgement ever been granted against you in any such proceeding? ☐ Yes ☐ No

Declaration

I, the above-named applicant,

1. Attest the information in this application is correct to the best of my knowledge;
2. Undertake that, if I am admitted as a member of the Chartered Professional Accountants of Manitoba, I will comply with the Chartered Professional Accountants Act, CPA MB Bylaws, CPA MB Bylaw Regulations and CPA MB Code of Professional Conduct;
3. Agree to report to CPA Manitoba within 30 days any investigation(s) undertaken or sanctions imposed by an affiliate CPA body/Order.

_____ _____

Applicant's Signature Date (m/d/y)

For Office Use Only:

Accepted effective: _____ Processed By:_____

Confirmation of Dues paid to CPA _____ for the period of _____

Reported to Registrations Committee _____ Approved by Registrations Committee _____

❍ *Data base Updated (incl CPD)* ❍ *Certificate Ordered* ❍ *Welcome Letter*

❍*Additional Notes:*

_____

_____

Private and Confidential