



Membership Application Form

* = Required Information

MEMBERSHIP INFORMATION

Date of Application:

Applying For Membership Type:

APPLICANT'S INFORMATION

Applicant's Full Name: *

Address: *

City: *

Province: *

Postal Code: *

Place Of Birth: *

Date Of Birth: *

Month

Day

Home Phone Number: *

 - -

Cell Phone Number:

 - -

E-MAIL CONSENT INFORMATION

E-Mail Address: *

Do you consent to receive electronic messages from AFCA-BC? * Yes or No

SPOUSAL INFORMATION

Please submit a separate Auxiliary Membership Application Form for your spouse

Name of Spouse:

PROFESSIONAL REFERENCES

Please note in addition to providing your two(2) references below; If you are able to provide a letter of reference to the AFCA-BC Membership Committee, please e-mail it to the contact person who processes your membership application. Thank you!

Reference #1 *

Contact Name:

Contact Number:

 - - ext.

E-Mail Address:

Reference #2 *

Contact Name:

Contact Number:

 - - ext.

E-Mail Address:

SPONSOR

(Please indicate who we could thank for your application)

Sponsor's Name:

EDUCATION AND MEMBERSHIP PROFILE

Professional Designation or Certification:

University or College Accounting Degree:

Institution:

Highest Level of Education:

Institution:

Are you currently enrolled in an Accounting Designation Program? *

Yes No

If yes, please specify the institution:

Are you currently employed and engaged in an Accounting related field? Yes or No *

Yes No

Position or Role:

Signature

Date

Please email the signed form with your resume to Membership Director - membership@afcabc.org with heading Application and the Year