

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

Have you ever been indicted or convicted of a criminal offence in any province, state, or country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a professional designation, license or permit, suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been expelled from a professional society or Institute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby apply to be admitted as a member of the Institute of Chartered Accountants of Yukon Territory.

I am a member in good standing of _____
(current Institute/Ordre of province, territory or Bermuda)

having been admitted thereto on _____ on the basis of:
m /d /y

(a) having met the entrance by examination requirements for its students.

(b) other. I was admitted on the basis of (identify) _____

and have been a member in good standing of my current Institute/Ordre for a minimum of ten consecutive years Yes No

(Applicants who have checked (b) and answered "no" above must complete Pre-Qualification Experience*, Public Practice Employment* & and Other Employment* sections below. Other applicants should omit those sections.)

List all other Canadian Institutes/Ordre (other than your current one noted above) of which you have been a member, including date of admission and reason for discontinuance of membership.

Institute/Ordre	Date of Admission	Active		If No, Reason for Discontinuance
		Yes	No	

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

Country	Accounting Body	Date of Admission

If you became a member of your current Institute/Ordre by international reciprocity, and if you have been a member in good standing of your current Institute/Ordre for less than ten consecutive years, please complete the following:

Pre-Qualification Experience*

Indicate length of experience required to qualify for the designation/certificate/title on which application for membership by reciprocity was based: _____			
Years	or	Months	
How much, if any, of this experience was in public practice?	<input type="checkbox"/> All	<input type="checkbox"/> Some	<input type="checkbox"/> None
If some, specify amount in months or years	_____		
How much of this experience was obtained while resident in the country/state/province granting the designation/certificate/title on which application for reciprocity is based? <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None			
If some, specify amount in months or years	_____		
In which jurisdiction was the balance of this experience completed? _____			

Public Practice Employment* (most recent first - use reverse side for more space)

Employer	Address	Date		Position Description
		From	To	

Other Employment* (most recent first - use reverse side for more space)

Employer	Address	Date		Position Description
		From	To	

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 Institute of Chartered Accountants of Yukon Territory (ICAYT), I will comply with the Act of Incorporation, Bylaws, Rules of Professional Conduct, Council Interpretations and Bylaw Regulations from time to time in force;
3. authorize ICAYT to obtain from my current and previous, if any, Institute/Ordre such information concerning my education, training, experience and membership status as may be required to determine my eligibility for ICAYT membership;
4. agree to report to ICAYT within 30 days any investigation(s) undertaken or sanctions imposed by an affiliate Institute/Ordre;
5. authorize ICAYT to notify an affiliate Institute/Ordre of any discipline sanctions imposed against me by ICAYT;
6. authorize ICAYT to include my name, address, phone, fax and e-mail address in future Membership Directories.

Date _____, 201_____

Applicant's Signature

Note: Applicants meeting admission requirements will be billed (pro-rated to year end of March 31) for ICAYT membership fees for the current year and must pay such fees within 60 days of the billing date.

Please indicate where you intend to pay CICA dues ICAYT or _____

Accepted effective _____ /1_____

Registrar