

Member Information Form For Registration in CPA NL PDPA

Please return completed form to pdpa@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:	Postal code:
Home Telephone:			Personal Email:		
Business Name:					
Business Address					
Street:		City:		Province:	Postal code:
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: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature			<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date		