

Chartered Professional Accountants of Newfoundland and Labrador 95 Bonaventure Avenue Suite 500 St. John NL CANADA A1B 2X5 T. 709 753.3090 F. 709 753.3609 www.cpanl.ca

## **Admission to Membership**

vo References Required	
Print Applicant's Name	
	ountant with membership in good standing in the province of ease indicate province if membership is another Provincial
I have known the applicant, who is year);	not related to me, for years (minimum of one (1)
I attest that (check boxes)	
I have found this applicant to	be of good moral character and integrity; and
I know of no reason why mer	mbership in the Association should not be granted.
e add any comments you believe wi	ll help in evaluating this application.
ame of Referee (Please Print)	
ership Number	
	Signature
	Date