



# CANADIAN INSTITUTE OF BOOKKEEPING

## Application for Enrolment – Professional Development Program

PLEASE 1. TYPE OR PRINT CLEARLY SUPPLYING ALL REQUESTED INFORMATION  
3. SIGN AND MAIL THIS FORM TO THE REGISTRAR, CIB

2. ENCLOSE ONE-TIME ENROLMENT FEE PAYABLE TO: CANADIAN INSTITUTE OF BOOKKEEPING  
4. PLEASE NOTIFY OF ANY CHANGE IN ADDRESS OR TELEPHONE (BOTH PERSONAL AND BUSINESS)

PERSONAL DATA													
LAST NAME				FIRST NAME				INITIALS		<input type="checkbox"/> MR <input type="checkbox"/> MS			
RESIDENCE ADDRESS: STREET								APT./SUITE					
CITY - TOWN						PROVINCE							
POSTAL CODE		AREA CODE		PHONE NUMBER		AGE	UNDER 23	23-29	30-36	37-42	43-49	50-56	OVER 56
E-MAIL								PRE-EVALUATION DONE				<input type="checkbox"/> YES <input type="checkbox"/> NO	

CURRENT EMPLOYMENT											
JOB TITLE						COMPANY NAME					
MAILING ADDRESS											
CITY - TOWN						PROVINCE					
POSTAL CODE		AREA CODE		PHONE NUMBER		EXTENSION		FAX NUMBER			

EDUCATION HISTORY			
	LOCATION	TYPE OF PROGRAM	YEAR ATTENDED
1. SECONDARY SCHOOL			
2. COMMUNITY COLLEGE			
3. UNIVERSITY			
4. OTHER			

### APPLICATION

I HEREBY MAKE APPLICATION to enrol in the Professional Development Program of the Canadian Institute of Bookkeeping and agree that:

- my educational qualifications meet the requirements of the Professional Development Program
- my application constitutes enrolment in the Professional Development Program
- all funds are non-refundable unless application is refused by CIB
- proof of education and work experience will be provided by me as requested by CIB to substantiate completion of any requirements of the Professional Development Program
- I will abide by the rules and regulations and the Code of Professional Conduct of CIB

ENROLMENT FEE ENCLOSED: \$50  PERSONAL CHEQUE  EMPLOYER'S CHEQUE

Please include : RESUME, APPLICATION FOR COURSE REGISTRATION and SIGNED CODE OF PROFESSIONAL CONDUCT

ANNUAL PROFESSIONAL FEES: To be invoiced.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

### ACCEPTANCE (CIB use only)

ACCEPTED on behalf of the CANADIAN INSTITUTE OF BOOKKEEPING and hereby enrolled in the Professional Development Program.

REFERENCE NUMBER \_\_\_\_\_ AUTHORIZATION \_\_\_\_\_ DATE \_\_\_\_\_