



# CANADIAN INSTITUTE OF BOOKKEEPING

## Application for Course Registration

PLEASE 1. TYPE OR PRINT CLEARLY, SUPPLYING ALL REQUESTED INFORMATION  
2. ENCLOSE COURSE REGISTRATION FEE PAYABLE TO: CANADIAN INSTITUTE OF BOOKKEEPING

MEMBERSHIP NUMBER:

### 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					E-MAIL										

COLLEGE WHERE COURSES ARE NOW TAKEN
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ATTACH: RESUME, APPLICATION FOR ENROLMENT AND SIGNED CODE OF CONDUCT  
 OFFICIAL  TRANSCRIPTS (NO PHOTOCOPIES)

### CIB COURSE EQUIVALENT COLLEGE COURSE(S) COMPLETED CIB USE ONLY

NUMBER / NAME	NUMBER	NAME	NUMBER	NAME	FEE	GRANTED	DENIED
CIB 111 Computer Applications I							
CIB 112 Bookkeeping I							
CIB 113 Bookkeeping II							
CIB 221 Computer Applications II							
CIB 222 Computerized Bookkeeping I							
CIB 223 Computerized Bookkeeping II							
CIB 331 Cost Management							
CIB 332 Income Tax							
CIB 333 Payroll Administration							

REGISTRATION FEE

Pre-member course \_\_\_\_\_ @ \$40

Current-member course \_\_\_\_\_ @ \$30

PERSONAL CHEQUE  EMPLOYER'S CHEQUE

PHOTOCOPY THIS PAGE FOR FUTURE USE

REMARKS: