



# 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											

ATTACH: RESUME, APPLICATION FOR ENROLMENT AND SIGNED CODE OF CONDUCT  
 OFFICIAL  TRANSCRIPTS (NO PHOTOCOPIES)

COLLEGE WHERE COURSES ARE NOW TAKEN  
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### 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:  
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