



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		<input type="checkbox"/> UNDER 23		<input type="checkbox"/> 23-29		<input type="checkbox"/> 30-36		<input type="checkbox"/> 37-42		<input type="checkbox"/> 43-49		<input type="checkbox"/> 50-56		<input type="checkbox"/> 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: \$60

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 _____