

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Personal Information

<input type="radio"/> Mr.. <input type="radio"/> Ms.		Date of Birth M-----D-----Y-----	
*Surname		*Given Name	
Middle Name		Usual Name	
*E-mail Address			
Apt.#		*Street	
*City & Province		*Postal Code	
*Home Phone ()		*Business Phone ()	
Business Fax ()			

Education (Worldwide)

<input type="checkbox"/> Community college <input type="checkbox"/> University <input type="checkbox"/> Professional Organization		
(Relating to advanced standing)	Degree/Diploma Completed	Date Awarded
Have you enrolled with <input type="checkbox"/> CA <input type="checkbox"/> CGA <input type="checkbox"/> CPA <input type="checkbox"/> CMA <input type="checkbox"/> Other		
Have your educational documents been evaluated? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Work Experience

Fee Payable

\$40.00	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Payable to Canadian Association for Iranian Accountants (CAIA)
Signature.....		Date.....

Member Evaluation (office use)

Professional	Member	<input type="checkbox"/>
Associate	Member	<input type="checkbox"/>
Honorary	Member	<input type="checkbox"/>

* Require Information

Please mail to: 3240 Coralbean Place Mississauga ON. L5N 7C9