

MEMBERSHIP FEE DEFERRAL REQUEST FORM

Member Name:	
Email:	Phone #:
	are able to demonstrate short term inability to pay your membership fees be a result of, but not limited to, temporary unemployment or layoff, in the year.
Please state your reasons for requesting the	deferral below:
If you are deemed eligible for this deferral, y request.	you will be required to provide proof of eligibility to CPA Alberta upon
MEMBER DECLARTION:	
I agree to pay my membership fees to CPA in the following:	Alberta by September 30. I understand that failure to do so will result
Immediate suspension of registration a	as a member
• Late payment penalty charge of \$150	will be assessed
Cancellation of membership may occu	ur 60 days after notice of suspension is issued
Member Signature	Date

SUBMIT to CPA Alberta office by email to finance@cpaalberta.ca or by mail:

Calgary Office 800, 444 -7 Avenue SW Calgary, AB Canada T2P 0X8 T. 403.299.1300 Toll. 1.800.232.9406

finance@cpaalberta.ca prior to September 30.

Edmonton Office 1900, 10088 - 102 Avenue Edmonton, AB Canada T5J 2Z1 T. 780.424.7391 Toll. 1.800.232.9406

If you are unable to fulfill the above obligations, please contact the Finance department at 1.800.232.9406 or email