

MEMBERSHIP FEE DEFERRAL REQUEST FORM

| Member Name: | CPA Alberta #: |
|--|---|
| Email: | Phone #: |
| | re able to demonstrate short term inability to pay your membership fees be a result of, but not limited to, temporary unemployment or layoff, the year. |
| Please state your reasons for requesting the c | deferral below: |
| | |
| If you are deemed eligible for this deferral, yo request. | ou will be required to provide proof of eligibility to CPA Alberta upon |
| 1EMBER DECLARATION: | |
| I agree to pay my membership fees to CPA A in the following: | alberta by September 30. I understand that failure to do so will result |
| Immediate suspension of registration as | s a member |
| • Late payment penalty charge of \$150 w | vill be assessed |
| Cancellation of membership may occur | 60 days after notice of suspension is issued |
| Member Signature | Date |
| If you are unable to fulfill the above obligation | ons, you may still qualify for a fee reduction. Please contact the |

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

Calgary Office

assistance.

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

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

Finance department at 1.800.232.9406 or email finance@cpaalberta.ca prior to September 30 for further