



**Certified General Accountants Association of Canada**

Please complete and return to originating affiliate association office.

**MEMBER TRANSFER APPLICATION**

I, (family name/given name/middle initial) \_\_\_\_\_ **HEREBY REQUEST THAT THE CERTIFIED GENERAL ACCOUNTANTS ASSOCIATION OF \_\_\_\_\_ TRANSFER MY RECORDS TO THE CERTIFIED GENERAL ACCOUNTANTS ASSOCIATION OF \_\_\_\_\_**

CGA Member ID \_\_\_\_\_ Date you received your CGA \_\_\_\_\_ National Certificate # \_\_\_\_\_  
 FCGA Member ID \_\_\_\_\_ Date you received your FCGA \_\_\_\_\_ FCGA Certificate # \_\_\_\_\_

**PERSONAL INFORMATION**

Current Home Address \_\_\_\_\_  
 City/Province \_\_\_\_\_ Country/Postal Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 Previous Home Address \_\_\_\_\_  
 City/Province \_\_\_\_\_ Country/Postal Code \_\_\_\_\_

**CURRENT EMPLOYMENT INFORMATION**

Employer \_\_\_\_\_ Current Position \_\_\_\_\_  
 Employer's Address \_\_\_\_\_  
 City/Province \_\_\_\_\_ Country/Postal Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**OTHER INFORMATION**

Preferred mailing address: Home  Work  Title: Mr  Mrs  Ms  Miss  Dr  Birth'day (dd/mm/yy): \_\_\_\_\_  
 Professional Designations / University Degrees: \_\_\_\_\_ Citizenship(s) other than Canadian: \_\_\_\_\_

**ADDITIONAL REQUIRED INFORMATION**

Citizenship Status of International Applicants Transferring to Canada (please attach copies of supporting documents)  
 Canadian Citizen  Permanent Resident  Other   
 Are you currently in or anticipate entering Public Practice Yes  No  (if yes, complete Appendix A)  
 Were you admitted into CGA membership under a Mutual Recognition Agreement Yes  No  (if yes, which one \_\_\_\_\_)  
 Have you been convicted of a criminal offence Yes  No  (if yes, attach details)  
 Have you been removed/suspended/expelled from a professional body's membership Yes  No  (if yes, attach details)

**Date of Application** \_\_\_\_\_ **Applicant's Signature** \_\_\_\_\_

**ORIGINATING AFFILIATE ASSOCIATION / TRANSFER FROM:**

**MEMBER INFORMATION – OFFICE USE ONLY**

Membership dues paid to		Initial
Continuing Professional Development (Please attach a report for the most recent reporting cycle)	Status: Amount of hours (current year and prior) Approved By:	
Disciplinary process		Initial
Public Practice Registration (Attach Appendix A – if applicable)	Status: Approved By:	Initial

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**DESTINATION AFFILIATE ASSOCIATION / TRANSFER TO:**

**MEMBER INFORMATION – OFFICE USE ONLY**

New member ID	Initial
Other comments	

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Distribution:** 1. Member sends a filled out form to the originating association 2. Originating association checks / signs form, keeps a copy, and sends it along with the file to the destination association  
 3. Destination association assigns a new member ID if required and co-signs the form 4. Destination association e-mails the form to CGA-Canada BIS Department via [support@cga-canada.org](mailto:support@cga-canada.org)