Certified General Accountants Association of British Columbia | 300 - 1867 West Broadway Vancouver, B.C. V6J 5L4 | Telephone: (604) 732-1211 Fax: (604) 732-1419 | Web: www.cga-bc.org E-mail: info@cga-bc.org

NOTICE OF RESIGNATION FROM MEMBERSHIP

I, _____, hereby give notice of my resignation from membership with the Certified General Accountants Association of British Columbia.

My effective date of resignation is:_____

In accordance with the Accountants (Certified General) Act, I understand that, effective from the date of my resignation, my name will be removed from the member register of the Association, and that I may no longer use or display either the designations Certified General Accountant or CGA alone or in combination with any other word, name, title, initial, letter or description, or imply, suggest or hold out that I am a Certified General Accountant.

REASON FOR RESIGNATION

Are you resigning as a result of any professional or ethical reasons? (If yes, please explain.)

❒ No ❒ Yes _____

The reason for my resignation is as follows: _____

_____

First Name: _____ Initial: _____Member ID Number: _____

Surname:_____

Street: _____

City: _____ Province: _____ Postal Code: _____Telephone:_____

CERTIFICATES OF MEMBERSHIP

In accordance with the bylaw requirements, I herewith return the Certificate of Membership and Member ID Card issued by the Certified General Accountants Association of British Columbia and the Certified General Accountants Association of Canada.

Date of Application: _____ Member Signature: _____

If you cannot locate your CGA-BC and CGA-Canada membership certificates and Member ID card, complete the following declaration.

I am aware that the Certificates and Member ID Card are the property of the CGA-BC and are required to be returned.

I have conducted a thorough search of my files and records and every other place in which the Certificates and Member ID Card might reasonably be expected to be found.

I have been unable to locate the Certificates or the Member ID Card or to determine their whereabouts, and to the best of my knowledge, information and belief the Certificates and Member ID Card have been lost or destroyed and cannot be located and returned to the CGA-BC.

I make this solemn declaration, conscientiously believing it to be true and knowing it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

Signed at: _____. _____,
City **Province**

on _____. _____
Date **Signature**

FOR OFFICE USE ONLY

Completion Date: _____