

DATE:

## A. REGISTRATION

NAME OF ORGANIZATION:

### PAYROLL REPRESENTATIVE

Please list a Payroll Representative for your organization. The Payroll Representative receives all member publications & communications from the CPA, and has voting privileges for your organization's membership.

**Has the Payroll Representative ever taken courses or been a member of the CPA?**

Yes CPA NUMBER:

No

FIRST NAME:

LAST NAME:

TITLE:

### ORGANIZATION ADDRESS

STREET:

CITY:  PROVINCE:

POSTAL CODE:

TELEPHONE:  EXT.:

FAX:

EMAIL:

LANGUAGE PREFERENCE:  ENGLISH  FRENCH

### SECOND PAYROLL REPRESENTATIVE (no additional cost – included with membership)

Please list a second payroll representative for your organization. The second payroll representative receives all member publications and communications from the CPA. Alternatively, check the box below.

**We do NOT require a Second Payroll Representative**

**Has the Second Payroll Representative ever taken courses or been a member of the CPA?**

Yes CPA NUMBER:

No

FIRST NAME:

LAST NAME:

TITLE:

### ORGANIZATION ADDRESS

STREET:

CITY:  PROVINCE:

POSTAL CODE:

TELEPHONE:  EXT.:

FAX:

EMAIL:

LANGUAGE PREFERENCE:  ENGLISH  FRENCH

### ADDITIONAL REPRESENTATIVE

Additional Representatives receive all printed member communications. However, they do not have voting privileges. Please attach a separate sheet if adding more than one Additional Representative.

**Note: Each Additional Representative costs \$130.00 plus applicable taxes.**

**Has the Additional Payroll Representative ever taken courses or been a member of the CPA?**

Yes CPA NUMBER:

No

FIRST NAME:

LAST NAME:

TITLE:

### ORGANIZATION ADDRESS

STREET:

CITY:  PROVINCE:

POSTAL CODE:

TELEPHONE:  EXT.:

FAX:

EMAIL:

LANGUAGE PREFERENCE:  ENGLISH  FRENCH

## B. MEMBERSHIP DUES

Number of Employees	Membership Fee
<input type="checkbox"/> < 10 Employees <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199	<b>\$270.00</b>
<input type="checkbox"/> 200-499 <input type="checkbox"/> 500-599	<b>\$430.00</b>
<input type="checkbox"/> 600-999	<b>\$640.00</b>
<input type="checkbox"/> 1000-1599	<b>\$810.00</b>
<input type="checkbox"/> 1600 and up	<b>\$915.00</b>
If registering <b>Additional Representative(s)</b> please indicate the number to be registered and calculate the appropriate dues.	<b>\$130.00</b> x <input type="text"/> = \$ <input type="text"/>

### TOTAL PAYMENT

Total Membership Fee:

+ Taxes\*:

**Total:**

\*Taxes are based on the preferred mailing address:

Province	GST	HST	QST
AB, BC, MB, NT, NU, SK, YT	5%		
ON		13%	
NB, NL, NS, PE		15%	
QC	5%		9.975%

GST/HST # R100769918 / QST# 1013458720

## C. DEMOGRAPHICS

### PAYROLL JURISDICTION

> Check all applicable

Code	
301	<input type="checkbox"/> Alberta
302	<input type="checkbox"/> British Columbia
303	<input type="checkbox"/> Manitoba
304	<input type="checkbox"/> New Brunswick
305	<input type="checkbox"/> Newfoundland & Labrador
306	<input type="checkbox"/> Northwest Territories
307	<input type="checkbox"/> Nova Scotia
308	<input type="checkbox"/> Nunavut
309	<input type="checkbox"/> Ontario
310	<input type="checkbox"/> Prince Edward Island
311	<input type="checkbox"/> Quebec
312	<input type="checkbox"/> Saskatchewan
313	<input type="checkbox"/> Yukon
314	<input type="checkbox"/> United States
315	<input type="checkbox"/> International

### CORPORATE CLASSIFICATION

> Check all applicable

Code	
101	<input type="checkbox"/> Agriculture, Forestry, Fishing, Hunting
102	<input type="checkbox"/> Manufacturing
103	<input type="checkbox"/> Public Administration: Municipalities, Cities & other forms of Government
104	<input type="checkbox"/> Construction
105	<input type="checkbox"/> Retail Trade
106	<input type="checkbox"/> Wholesale Trade
107	<input type="checkbox"/> Information & Cultural Industries
108	<input type="checkbox"/> Utilities
109	<input type="checkbox"/> Transportation, Distribution, and Warehousing
110	<input type="checkbox"/> Finance & Insurance
111	<input type="checkbox"/> Administrative Support, Waste Mgmt, Remediation Services
112	<input type="checkbox"/> Arts, Entertainment, Recreation
113	<input type="checkbox"/> Personal/Household Services
114	<input type="checkbox"/> Health Care & Social Assistance
115	<input type="checkbox"/> Educational Services
116	<input type="checkbox"/> Accommodation & Food Services
117	<input type="checkbox"/> Logging/Forestry
118	<input type="checkbox"/> Not-For-Profit & Charitable
119	<input type="checkbox"/> Professional, Scientific & Technical Services: Consulting, Accounting, Engineering
121	<input type="checkbox"/> Student
122	<input type="checkbox"/> Information Technology
123	<input type="checkbox"/> Management of Companies & Enterprises
124	<input type="checkbox"/> Mining, Quarrying, and Oil & Gas Extraction
125	<input type="checkbox"/> Real Estate, Rental & Leasing
120	<input type="checkbox"/> Other - Please Specify Below

## D. HOW DID YOU HEAR ABOUT THE CPA

> Check all applicable

Code	
400	<input type="checkbox"/> Word of Mouth
401	<input type="checkbox"/> CPA's PD Seminars
402	<input type="checkbox"/> CPA's website www.payroll.ca
403	<input type="checkbox"/> DIALOGUE Magazine
404	<input type="checkbox"/> National Payroll Week event
405	<input type="checkbox"/> Trade Show- specify: <input type="text"/>
406	<input type="checkbox"/> Certification Programs
407	<input type="checkbox"/> Payroll Service Provider
408	<input type="checkbox"/> Other <input type="text"/>

## PAYMENT INFORMATION (Please choose one)

AMOUNT ENCLOSED:

CHEQUE       MONEY ORDER  
**Payable to:** The Canadian Payroll Association

CREDIT CARD (Visa MC AMEX)

CREDIT CARD NUMBER:

EXPIRY DATE: MM  YY

CARDHOLDER'S NAME:

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

The CPA reserves the right to change prices and/or product/service entitlements without notice.

**Cancellation and Transfer:** No refunds will be granted for cancelled memberships. Membership is not transferable between individuals and companies.

**NSF Cheques:** A \$25 charge will be applied to cheques that are turned due to "Not Sufficient Funds" (NSF) or stopped payment. The CPA may withhold further services until payment of the NSF charge is received.

### Privacy Policy

We do not disclose personal information to any third-parties. Read our full Privacy Policy at: [payroll.ca/CPA/disclaimer](http://payroll.ca/CPA/disclaimer).

You receive all CPA communications that you elected in your subscription preferences under [My Profile](#) at [payroll.ca](http://payroll.ca).

### Mail:

CPA National Office  
1600-250 Bloor Street East, Toronto, ON M4W 1E6

**Fax:** 416-487-3384

**For Assistance:** email: [membership@payroll.ca](mailto:membership@payroll.ca)

**Phone:** 416-487-3380 / 1-800-387-4693 ext: 118