



"Upholding Integrity, Striving for Excellence"

APPLICATION FOR REINSTATEMENT (RESTORATION) TO REGISTER

Name _____ Membership Number _____

Date Membership suspended _____ Hearing required [] Yes [] No

If hearing required date proposed by Council _____

Please indicate restoration submission requested.

Membership []

Membership & License []

Signature of Applicant

APPLICANTS ARE REQUIRED TO ENCLOSE THE FOLLOWING:

- (a) Two reference letters
 - (i) For associates or members, letter must be from members in good standing to whom you are known;
 - (ii) For licensees, letter must be from public accountants in good standing to whom you are known;
- (b) Application fee;
- (c) Satisfactory evidence of required continuing professional development hours over the last two years:-
 - (i) Membership minimum 40 hours
 - (ii) License minimum 80 hours
- (d) Police record not more than three months old.

Signature by Secretary

Made this _____ day of _____ 20 _____