

## Membership Resignation Form 4-3A

Complete this form if you are applying to resign from membership in Chartered Professional Accountants of Ontario (CPA Ontario).

All information and documentation required to resign must be submitted in full by the member. Additional forms and documentation may be required if you are closing a practising office and/or also hold a Public Accounting Licence (PAL).

The Registrar shall not accept any application for resignation if the person:

- is all or part of a practising unit that is the subject of a practice inspection or a practice reinspection;
- is the subject of an investigation, proposed settlement agreement or allegations by the Professional Conduct Committee;
- has not fully complied with a settlement agreement or order of a Committee of CPA Ontario; or
- owes any dues to CPA Ontario.

The Registrar may require a person to fulfil additional terms and conditions that are necessary to protect the public interest and the reputation of the profession prior to accepting the application for resignation, including completion of a declaration of professional liability insurance coverage.

### Information for Members Considering Resignation from Membership

- Only members in good standing are permitted to use the designations, “Chartered Professional Accountant”, “Chartered Accountant”, “Certified General Accountant” or “Certified Management Accountant” or the initials “C.P.A.”, “CPA”, “C.A.”, “CA”, “C.G.A.”, “CGA”, “C.M.A.”, “CMA”, “F.C.P.A.”, “FCPA”, “F.C.A.”, “FCA”, “F.C.G.A.”, “FCGA”, “F.C.M.A” or “FCMA”.
- An individual who resigns as a member remains subject to the continuing jurisdiction of CPA Ontario in respect of an investigation or disciplinary proceeding arising from conduct while a member for a period of up to six years from the date on which the individual ceased to be a member.
- Members who currently have a practice registered with CPA Ontario (sole proprietorship, partnership, limited liability partnership or professional corporation) must take additional steps in conjunction with their request to resign including, as may be applicable, the requirement to maintain professional liability insurance coverage in the amount prescribed in Regulation 4-4 for a period of six years from the date of cessation of practice. Please refer to CPA Ontario’s website [cpaontario.ca](http://cpaontario.ca) for additional information, including the professional liability insurance requirements.
- Only members in good standing are eligible to hold a PAL.
- Membership status is also required for continuation in the various members’ insurance plans, and to vote on Bylaws, the Code of Professional Conduct and in Council elections.

### Members residing outside Canada or in another province or Bermuda

Reduced Annual Membership Dues (AMD) may be applicable for members who:

- Reside in a province or territory in Canada or in Bermuda, and are also members of another provincial body and pay the full annual membership dues of that body; or
- Reside outside Canada and do not provide accounting services to the public in the Province of Ontario.

### Transfer to another provincial body

If you wish to become a member of another provincial accounting body on the basis of your membership with CPA Ontario, you must remain a member in good standing with CPA Ontario in order to apply to that provincial body. Many members choose to retain duplicate memberships. However, if you wish to retain only one provincial membership, you must ensure that you obtain membership with the other provincial accounting body prior to resigning from CPA Ontario. In addition, failure either to apply to resign by submitting this Membership Resignation Form 4-3A, or to provide CPA Ontario with a remittance of the AMD by June 30, 2018, may result in suspension of membership.

### Readmission following resignation

A former member who resigned while in good standing, other than pursuant to an order of a committee, may apply to the Registrar to be readmitted to membership. Readmission to CPA Ontario is subject to the readmission provisions of the Bylaws and Regulations in effect at the date the application for readmission is made.

Member's Full Name:

CPA Ontario ID.:

## A. Request to Resign From Membership

I wish to resign from membership of CPA Ontario. I have read and understood the information provided regarding the resignation process and the consequences of resigning.

Please return to CPA Ontario one or both of the following as applicable:

- Public Accounting Licence
- Certificate of Authorization of a Professional Corporation

Also, please return to CPA Ontario each of the following membership certificate(s) that have been issued to you:

- CA Membership certificate
- CGA Membership certificate
- CMA Membership certificate
- CPA Membership certificate
- CPA, CA Membership certificate
- Fellow certificate
- Life member certificate

OR

If your original certificate(s) have been destroyed or the whereabouts are unknown, please complete the following:

**In the Matter** of my request to the Chartered Professional Accountants of Ontario to resign from membership

**I Acknowledge** that, pursuant to Bylaw 4.16, my membership certificate(s) are the property of CPA Ontario;

**I Declare** that my membership certificate(s) have been destroyed or that the location is unknown to me;

**I Undertake** that if my original certificate(s) are ever recovered, I will forward the certificate(s) forthwith to the Chartered Professional Accountants of Ontario.

X \_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yyyy)

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## B. Reason for Resignation

Please indicate the reason for your resignation request:

Member's Full Name:

CPA Ontario ID: \_\_\_\_\_

## C. Registered Practice

If, as a result of your resignation, changes are required to a registered practice, complete the appropriate update form:

Change to registered Firm, Firm Update Form 4-6A must be attached

Change to registered Professional Corporation, PC Update Form 4-6B must be attached

## D. Declaration

I declare that the information contained on this form is true and complete.

Print Full Name X \_\_\_\_\_ / /  
Signature Date (mm/dd/yyyy)

## E. Dues Remittance

In accordance with Regulation 4-2, Section 31.2, a member is required to remit only 50 per cent for the Annual Membership Dues of a fiscal year, if a written application to resign is received by CPA Ontario prior to June 30 of that year and is accepted by the Registrar.

Please select **ONE** option:

I am requesting to resign between April 1 and June 30. I understand I am required to remit only 50 per cent of the [Annual Membership Dues](#) for the current fiscal year.

I am requesting to resign after June 30 and have remitted the full [Annual Membership Dues](#) for the current fiscal year.

I am a retired member of CPA Ontario. Please refer to [Regulation 4-2](#) to confirm eligibility

I am applying for a waiver of the AMD. I have enclosed the [2018-2019 Annual Membership Dues Financial Waiver – Deferral and Reduction Request Form 4-2B](#) and any supporting documentation required for the Registrar's review. I understand that if my application for a waiver is denied, I will be required to remit the current Annual Membership Dues before the Registrar may consider my request to resign.

## F. Payment Options

Amount Paid: \$

**Important: Please do not email your credit card information. We are unable to process any credit card payments via email.**

Pay via credit card or Interac online at [cpaontario.ca/pay4-3A](http://cpaontario.ca/pay4-3A) Transaction ID Number (optional):

Company Cheque Personal Cheque

To pay by cheque, record your CPA Ontario ID on the cheque and make it payable to:

**Chartered Professional Accountants of Ontario.**

Mail to Attn: **CPA Ontario Finance, Suite 1100, 25 York Street, Toronto, ON M5J 2V5**

Electronic Funds Transfer (EFT)

Pay online using online banking via Electronic Funds Transfer (EFT) - The payment listing is under CPA Ontario. **Use your CPA Ontario ID as the account number.**

Bring this form and pay at your local bank. Please include payment confirmation along with this form.

Print Full Name X \_\_\_\_\_ / /  
Signature Date (mm/dd/yyyy)