



## INFORMATION UPDATE FORM

The Statement of Annual Membership Dues includes your membership and address information. If any of this information requires updating, please complete and send this form to us by mail, fax or email [records@ica.bc.ca](mailto:records@ica.bc.ca).

**Privacy** – The ICABC adheres to the Freedom of Information and Protection of Privacy Act with respect to the collection, use, and disclosure of your personal information. We collect/update this information for our online membership directory and membership statistics, and to regulate the profession in accordance with the Accountants (Chartered) Act and the Institute's bylaws. This data may also be used to provide you with targeted information about products, services, and other benefits provided by the Institute and the CICA.

**Name Changes** – Please photocopy and mail, or scan and email your name change document to the attention of the Registrar.

**All changes are provided to the CICA on a monthly basis.**

Members can use their CA designation only in provinces where they are registered.

I AM ALSO A YUKON MEMBER

APPLY THIS CHANGE TO MY INCORPORATION LICENCE REGISTERED WITH THE BC INSTITUTE

PLEASE PRINT CLEARLY

LAST NAME	FIRST NAME	INITIAL	DESIGNATION(S)	CURRENT MEMBER #
<b>MY EMPLOYMENT INFORMATION HAS CHANGED TO:</b>				
EMPLOYER			JOB TITLE	
APT/BOX/UNIT#		STREET ADDRESS		
CITY		PROV.	POSTAL CODE	COUNTRY
EMPLOYMENT TELEPHONE # ( ) ( )	EMPLOYMENT FAX # ( ) ( )	DIRECT LINE/EXT. ( ) ( )		OTHER/DIRECT FAX # ( ) ( )
<b>AREA OF EMPLOYMENT INFORMATION – CHANGES/UPDATES</b>				
<b>INDUSTRY (D):</b>				
<b>Area of Practice</b> (choose one):		<b>Position</b> (choose one):		
<input type="checkbox"/> Self-Employment (E1) <input type="checkbox"/> Financial Services/ Insurance/ Financial Planning (5B) <input type="checkbox"/> Real Estate/ Development/ Construction (5D) <input type="checkbox"/> Education (Instructor etc.) (A1) <input type="checkbox"/> Information Tech/ High Tech (5H) <input type="checkbox"/> Natural Resources (5N) <input type="checkbox"/> Not for Profit (5Y) <input type="checkbox"/> Other (5S)		<input type="checkbox"/> CEO/CFO/VP Finance (V1) <input type="checkbox"/> Controller/ Finance Manager (D1) <input type="checkbox"/> Other (D4)		
<b>Public Practice (P/O):</b>		<b>OTHER:</b>		
<b>Area(s) of practice</b> (choose a maximum of two):		<input type="checkbox"/> Government or Crown Corporation (Z) <input type="checkbox"/> Not currently employed (N) <input type="checkbox"/> Retired (A)		
<input type="checkbox"/> Accounting and Advisory Services (AA) <input type="checkbox"/> Audit (BB) <input type="checkbox"/> Tax (CC) <input type="checkbox"/> Other (UU)				
<b>MY RESIDENTIAL ADDRESS HAS CHANGED TO:</b>				
APT/BOX/UNIT#		STREET ADDRESS		
CITY		PROV.	POSTAL CODE	COUNTRY
TELEPHONE # ( ) ( )	CELL/OTHER # ( ) ( )	FAX # ( ) ( )		
<b>MY PREFERRED EMAIL ADDRESS:</b>			<b>MY ALTERNATE EMAIL ADDRESS:</b>	

**SEND MAIL TO MY:**  **EMPLOYMENT ADDRESS** or  **RESIDENTIAL ADDRESS**

MY PREFERRED FAX NUMBER:  **EMPLOYMENT** or  **RESIDENTIAL** or  **OTHER** (IE: DIRECT/DEPARTMENT FAX #)

DO NOT INCLUDE MY NAME IN THE MEMBERSHIP DIRECTORY.

DO NOT INCLUDE MY EMAIL ADDRESS ON THE ICABC WEBSITE OR FORWARD IT TO THE CICA.

I DO NOT HAVE AN EMPLOYER. PLEASE INCLUDE MY NAME AND RESIDENTIAL ADDRESS IN THE DIRECTORY.