Institute of Chartered Accountants
of the Northwest Territories and Nunavut
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2009-10 NOTICE OF ANNUAL MEMBERSHIP FEES

These fees are authorized annually by the Council of the Institute of Chartered Accountants of the Northwest Territories and Nunavut (ICANWT) and the Board of Governors of the Canadian Institute of Chartered Accountants (CICA). THE ICANWT fee and CICA fee, if paid through the ICANWT, are applicable from April 1, 2009 to March 31, 2010. Fees must be received by the ICANWT not later than June 1, 2009. Please note that the annual practicing office fee is billed separately.

Please correct the mailing address in the shaded area below. Please ensure that both a business address and a home address are completed and indicate your preferred mailing address if different than used.

Mailing address:

Business address:
Name:

Firm or Employer:

No. and Street:

City:

Postal code: Telephone: Fax:

EMAIL:

Home address:
No. and Street:

City:

Postal code: Telephone:

For mailing please use ❑ business ❑ home address

MEMBERSHIP FEES **Due and Payable April 1, 2009**

ICANWT $450 **CICA (Regular Fee) $460** **TOTAL $910+GST**

1. I am exempt from payment of annual dues as I am retired **AND** have ceased to engage in regular daily gainful practice of public accounting **AND** I have:
   (a) attained the age of 60; or
   (b) completed 30 years of continuous membership in the Institute $ NIL

2. I meet ALL of the following conditions:
   (a) I reside in a Canadian Province other than the NWT/NU; AND
   (b) I am a member of the provincial institute of Chartered Accountants in another province (please specify); - _____ AND
   (c) I do NOT earn income in the NWT or Nunavut. $ 300

3. My CICA fee is paid through another provincial institute (please specify)
   _____. $ 450

4. All others. $ 910
5. Late Fee, if fees paid after June 1, 2009 $ 150
6. New Member / Readmission Fee $ 300

Area of Employment:
Public Practice
Partner ❑
Other ❑
Industry ❑
Government ❑
Education ❑
Other:

TOTAL APPLICABLE FEES FROM ABOVE _____

ADD GST - 5% (Registration #122819394) _____
NOTE - all members must pay GST regardless of employer, employment status or country of residence.

TOTAL REMITTANCE (Please make cheques payable to ICANWT) _____

PLEASE INDICATE IF YOU WOULD LIKE A RECEIPT YES ❑ NO ❑

REMISSION OF FEES (Only to be completed and signed if requesting remission or waiver of fees)

_____ Pursuant to By-law 2.26, I request remission of one half of my annual fees as I provide care on a substantially full-time basis to a child or children at least one of whom is six years of age or under at March 31 and my income from employment and self employment will not exceed $6,100.00.

_____ Pursuant to By-law 2.26(ii)(a), I request remission of my annual fees because of financial hardship. Documentation in support of this request is attached. The reduction or waiving of fees is at the discretion of Council.

_____ Pursuant to By-law 2.26(ii)(b), I request waiver of my annual fees because I am in full time attendance at a post secondary institution.

_____ _____
Signature Date