



The Association  
of Professional  
Accounting & Tax  
Consultants Inc.

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Niagara Falls, Ontario. L2E 7K8  
Tel: (905) 354-1856 Fax: (905) 374-0600  
Toll Free: 1-888-621-1005  
E-Mail: admin1@apatcinc.com

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tele: ( ) - \_\_\_\_\_ Fax: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_

**Business History:**

Are you in business full time? Y / N Date Started? \_\_\_\_\_

No. of employees? Full Time: \_\_\_\_\_ Part Time/Seasonal: \_\_\_\_\_

Type of business? Proprietor:  Partnership:  Corporation:

In the areas below, please indicate the percentage of business applicable to your firm?

Business Consulting: \_\_\_\_\_ % Bookkeeping: \_\_\_\_\_ % Personal Taxes: \_\_\_\_\_ %

Financial Planning: \_\_\_\_\_ % Accounting: \_\_\_\_\_ % Other: \_\_\_\_\_ %

How many clients do you have? Corporate: \_\_\_\_\_ Personal: \_\_\_\_\_

Please indicate your firms estimated annual revenues.

\$20,000 ~ \$50,000 <input type="checkbox"/>	\$150,001 ~ \$200,000 <input type="checkbox"/>
\$50,001 ~ \$100,000 <input type="checkbox"/>	\$200,001 ~ \$250,000 <input type="checkbox"/>
\$100,001 ~ \$150,000 <input type="checkbox"/>	\$250,001 ~ AND UP <input type="checkbox"/>

**Professional Development History:**

Do you currently hold a designation? Y / N Which one? \_\_\_\_\_

Please provide details on your educational back ground.

College/University: \_\_\_\_\_

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If currently enrolled in C.G.A. / C.M.A. which level completed? \_\_\_\_\_ Year \_\_\_\_\_

Other Educational Courses [eg. H&R Block]: \_\_\_\_\_

If you are self-employed in the tax preparation or accounting field, how many times a year  
do you attend tax and accounting update seminars?            1            2            3            **More**

Before you became self-employed, did you work in the accounting/tax preparation field?

If yes, please indicate positions held and for how long. \_\_\_\_\_

The A.P.A.&T.C. conducts seminars annually. Have you attended any in the past 2 years?

If yes, please indicate which ones. \_\_\_\_\_

How did you learn about the APA & TC? \_\_\_\_\_

What is your primary reason for joining this association? \_\_\_\_\_

Please indicate which type of membership you are applying for:

\_\_\_\_\_ **Affiliated new member** – You are a new member joining the Association after January 1, 2000. Must be self-employed for a minimum of two (2) years in either accounting, or personal tax preparation. Must seek affirmation within one (1) year as either an “Affirmed Accounting Member” or “Affirmed Personal Tax Member”.

\_\_\_\_\_ **Associated member** – Self-employed for less than two (2) years or engaged in commercial enterprise, providing related services or an employee of an “Affirmed Member”.

Indicate name of “Affirmed Member”: \_\_\_\_\_

**Please enclose a non-refundable application fee of \$35.00 (including all applicable taxes) to The APA&TC Inc. and forward to the address found on the preceding page.**

**DECLARATION:**

**I hereby acknowledge that the information I have provided is accurate and true, and I understand that my application could be declined or membership revoked if found to be otherwise.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

*Note: The information you have provided in this application will remain confidential and will only be disclosed to the Association's Board of Directors for the sole purpose of evaluating your suitability for membership in the Association.*