



STUDENT MEMBERS

Membership Application

Please provide the following information and submit the completed application form to CFA Society Victoria by email or mail. The application will be reviewed by CFA Society Victoria's board of directors and, once approved, a confirmation email with a link to submit your membership dues will be sent. Student Membership dues are \$25 CAD per year from July 1st to June 30th and will not be prorated or refunded.

Please send your completed form to: **CFA Society Victoria** | PO Box 49-747 Princess Avenue | Victoria, BC | V8T 1K5, Or by e-mail: info@CFAVictoria.com, Tel.: 250.661.5879.

Personal Information

| | |
|-------------------------|----------------------------------|
| First Name _____ | Last Name _____ |
| Preferred Address _____ | |
| City _____ | Province _____ Postal Code _____ |
| Phone _____ | Email _____ |

Education/Designations

| | |
|--|---------------------|
| University Name _____ | Degree Earned _____ |
| Professional Designations Held: CPA <input type="checkbox"/> CA <input type="checkbox"/> CGA <input type="checkbox"/> CMA <input type="checkbox"/> CFP <input type="checkbox"/> CIC <input type="checkbox"/> | |
| CFA Exam Level _____ | Exam Date _____ |

Job experience

| | |
|-----------------|--------------------|
| Employer: _____ | Date: _____ |
| Address: _____ | City: _____ |
| Province: _____ | Postal code: _____ |
| Title: _____ | |

| | |
|-----------------|--------------------|
| Employer: _____ | Date: _____ |
| Address: _____ | City: _____ |
| Province: _____ | Postal code: _____ |
| Title: _____ | |

Professional Conduct

Answer the following five questions by marking one of the appropriate boxes below. You must mark an affirmative response if any one of the questions applies. Note that any matter described in the following questions must be disclosed, even if the matter is still pending. Have you ever been:

| | Yes | No |
|---|--------------------------|--------------------------|
| A. The subject of, a defendant in, or respondent in any investigation, civil litigation, arbitration, or other action or proceeding in which your professional conduct, in either a direct or supervisory capacity, was at issue? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. The subject of a written complaint regarding your professional conduct in either a direct or supervisory capacity? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Permanently or temporarily prevented from: (i) acting as a person required to be registered under any law or regulation (i.e., investment adviser, broker, dealer, etc.); (ii) acting as an affiliated person or employee of any entity required to be registered under any law or regulation (i.e., investment company, bank, etc.); or (iii) trading on any securities or contract market? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Found to have aided, abetted, counselled, commanded, induced, or procured the violation by any person or entity of any securities or commodities-related law or regulation or any rule promulgated thereunder? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Convicted of (i) any felony or other crime punishable by more than one year in prison, or (ii) a misdemeanour involving moral turpitude (lying, cheating, stealing, or other dishonest conduct) or any substantially equivalent crime in any court of law? | <input type="checkbox"/> | <input type="checkbox"/> |

Engagement

I have read, understand, and agree to comply with the CFA Institute Code of Ethics and Standards of Professional Conduct. I understand that, as a local member of CFA Society Victoria, I will be subject to disciplinary proceedings by CFA Society Victoria that may result in sanctions (including suspension or revocation of membership) for violations of the CFA Institute Code of Ethics and Standards of professional conduct. I represent that my response to the Professional Conduct Statement and all information provided by me herein is truthful and complete, and I agree to notify CFA Society Victoria of any material changes to my response to the foregoing statements.

Signature: _____ Date: _____

Certification

I certify that the information given on this form is accurate.

Signature: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Status Verified: _____ Emailed: _____

Payment Received: _____ Notes: _____