

APPLICATION FOR ADMISSION AS A CAIRP MEMBER

To apply for admission as a Member of the Canadian Association of Insolvency and Restructuring Professionals (CAIRP) and approval to use the Certification Marks "CIRP" and "PAIR", please complete this form and return it by e-mail, mail, or courier. Once approved by the CAIRP Board of Directors, a confirmation will be sent to you by e-mail.

APPLICANT INFORMATION

Name:		Date of birth:
Professional Designations		
Post-secondary Degree(s)		
Preferred Language:	Employer Firm:	
Employer Address:		
City:	Province:	Postal Code:
Phone:	E-mail:	
<p>Current practice: Consumer <input type="checkbox"/></p> <p style="padding-left: 100px;">Commercial <input type="checkbox"/></p> <p style="padding-left: 100px;">Both <input type="checkbox"/> ___% Consumer ___% Commercial</p>		

DECLARATION

If approved by the CAIRP Board for CAIRP membership:

- I solemnly declare that I have reviewed, understand, and will strictly adhere to the CAIRP *Rules of Professional Conduct, Standards of Professional Practice and Bylaws*.
- In compliance with *PIPEDA*, I consent to receiving electronic communications from CAIRP that might be viewed as commercial in nature.
- I acknowledge that CAIRP grants me the right to use the Certification Marks "CIRP" and "PAIR" and that upon my termination as a CAIRP member in good standing I shall immediately cease to use the Certification Marks. Furthermore, in the event of an actual or threatened infringement of either mark, CAIRP has the exclusive right, at its option, to take appropriate action to prevent and/or to stop such infringement and/or unauthorized use including, without limitation, instituting action against infringers of the Certification Mark(s).

Signature of Applicant: _____

Date: _____