



CAPPA

Canadian Association of
Petroleum Production Accounting

CAPPA MEMBERSHIP FORM

CAPPA's Membership runs from July 1st to June 30th yearly

CAPPA Membership Fees

GST # 86176 4041 RT0001

Name (First/Last) _____
Company _____ Position _____
Address _____
City _____ Province _____ Postal Code _____
Phone (Home) _____ Phone (Business) _____ Phone (Cell) _____
Email address _____

- Full Member Renewal (\$149 plus GST)
- Full Member First Time (\$149 plus GST)
- New Grad (\$109 plus GST)
- Student Renewal (\$59 plus GST)
- Student First Time (\$59 plus GST)

I am a current CAPPA student Yes/No If yes, please state where _____

CAPPA level most recently completed (circle one)

Level 1 Level 2 Level 3 Level 4 Level 5

I hold a CAPPA Certificate Yes/No

Year CAPPA Certificate received _____

- CAPPA Code of Conduct

Please check the box to confirm that you have read the CAPPA CODE OF CONDUCT: As a CAPPA Member, I will act to maintain the confidence of the Canadian Association of Petroleum Production Accounting (CAPPA) membership and the community. These actions include the proper use of authority and the appropriate actions in group and individual behaviour when acting as a Committee Member. The effectiveness of the Board depends upon the commitment of each Committee Member to a high standard of conduct, which is further defined as follows: I will conduct myself in a professional and ethical manner in all CAPPA related matters, at all CAPPA hosted events and in any other area relating to the Association. I will declare any conflict of interest that may arise. I will not conduct any private business and/or personal services between CAPPA and myself except in those circumstances where there is openness, competitive opportunity, and equal access to information. I will respect the confidentiality of information I receive. I will honour, observe, and publicly support CAPPA's: Bylaws and procedures. Policies approved by the Board of Directors. Resolutions of the membership. I will not speak for CAPPA when interacting with CAPPA staff, the community, the press and other entities, unless given this authority by the Board. I hereby agree to abide by the terms of this Code of Conduct.

Credit Card Number (VISA or MasterCard) _____

Expiry Date on Credit Card _____

- Cheque Enclosed
- Company will send a cheque

*Please note: If your company is sending a cheque, the form will need to be included with the payment.

Cheques can be mailed to:

CAPPA – 421 - 7 Avenue SW, 30th floor, Calgary, Alberta T2P 4k9