



British Columbia
& Yukon

CPHR BC & YUKON PAYMENT AUTHORIZATION FORM

Date: _____

Contact: _____

Company: _____

Telephone: _____ Fax: _____

Email: _____

Payment for:

- Membership Dues
- Conference
- Tradeshow
- Advertising
- Protégé Application Fee
- Other: _____
- CPHR Transfer fee
- CPHR Application Fee
- NKE Registration Fee
- CPHR Experience Review Fee
- CPHR Certification Fee

Please complete the following information. A receipt will be issued.

<input type="checkbox"/> Visa	Amount Due	\$ _____
<input type="checkbox"/> MasterCard	GST/HST	\$ _____
<input type="checkbox"/> AMEX	Total Charge	\$ _____

I agree with the above charges. In the event my credit card is declined for any reason, I understand I will be charged an additional processing fee of \$30.00. Please charge my credit card the Total Charge as indicated above.

Credit Card Number

Expiry Date

Signature

Name on Card

Thank you for your payment.

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