



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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