



British Columbia  
& Yukon

## CPHR BC & YUKON PAYMENT AUTHORIZATION FORM

Date: \_\_\_\_\_

Contact: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Payment for:

- |  |   |
|--|---|
| <input type="checkbox"/> Membership Dues         | <input type="checkbox"/> CPHR Transfer fee          |
| <input type="checkbox"/> Conference              | <input type="checkbox"/> CPHR Application Fee       |
| <input type="checkbox"/> Tradeshow               | <input type="checkbox"/> NKE Registration Fee       |
| <input type="checkbox"/> Advertising             | <input type="checkbox"/> CPHR Experience Review Fee |
| <input type="checkbox"/> Protégé Application Fee | <input type="checkbox"/> CPHR Certification Fee     |
| <input type="checkbox"/> Other: _____            |   |

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

- |                                     |                 |       |
|-------------------------------------|-----------------|-------|
| <input type="checkbox"/> Visa       | Amount Due \$   | _____ |
| <input type="checkbox"/> MasterCard | GST @ 5% \$     | _____ |
| <input type="checkbox"/> AMEX       | Total Charge \$ | _____ |

If you are outside of BC & Yukon, please use GST or HST as appropriate. If you are outside of Canada, do not add tax.

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                      CVV                      Expiry Date

\_\_\_\_\_  
Signature    Name on Card

Thank you for your payment.

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