



CHRP RECERTIFICATION APPLICATION FEE FORM

Name: _____
First Initial Last

Title: _____

Organization: _____

Preferred Mailing Address: _____

City _____ Province _____ Postal Code _____

Business Telephone _____ Fax _____ E-mail address _____

This information is used for registration/payment purposes and will only be provided to the Registrar. Please contact the Registration Administrator at registration@bchrma.org if you have any questions regarding the use of this information. BC HRMA does not distribute its contact list to any third parties.

RECERTIFICATION APPLICATION FEE

\$55.00 + HST \$6.60 = \$61.60

HST/GST Reg #1199446714

*If you are located outside of Canada you are not subject to the HST.
Please deduct the HST from your fee.*

**I understand that this fee is non-refundable and that it must be paid before
or when I submit my Recertification Log to the BC HRMA Registrar.**

Signed: _____

Date: _____

Payment Information: Visa MasterCard AMEX Cheque/Money Order Enclosed

A \$30 administration fee will be applied to NSF Cheques and declined credit cards.

Card #: _____ Expiry Date: _____

Name as it appears on card: _____ Signature: _____

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