AFOA CANADA
Building a Community of Professionals

Participant Registration Form
Virtual Tax Clinic Training
AFOA Manitoba
Monday, March 15 and Tuesday, March 16, 2021

CONTACT INFORMATION		
☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.	Designation (i.e CAFM, CAPA, CPA, CIL, etc.):	
First Name:	Middle Initial:	Last Name:
Position:		
Organization:		
Work Mailing Address		
Work Phone #	Fax #	
Work Email:		
Home Mailing Address		
Home Phone #	Cell #	
Home Email:		
Preferred Address ☐ Organization ☐ Home	Preferred Email ☐ Organization ☐ Home	
1. Are you currently registered with the Community Volunteer Income Tax Program? ☐ Yes ☐ No		
2. Have you participated in a Community Volunteer Income Tax Program in the past? ☐ Yes ☐ No If yes, when and in what capacity?		
3. Do you currently have an EFILE number? ☐ Yes ☐ No		
4. How did you hear about the Tax Clinic Training session?		
Are you a current member of AFOA Canada? ☐ Yes ☐ No	Have you attended AFOA functions in the past? ☐ Yes ☐ No	
☐ Yes ☐ No Do you agree to receive e-mails and e-newsletters containing news, updates and promotions of AFOA Canada products, services, events and affiliates? You may unsubscribe at any time.		

Please return your completed registration form to AFOA Canada by email to: financialwellness@afoa.ca