



**The purpose of this application is to determine eligibility for becoming a member of
The Society of Notaries Public of British Columbia**

PERSONAL INFORMATION

Name(s)

Mailing Address

E-mail Address

Phone (Home)

Phone (Work)

Phone (Mobile)

Current Occupation/Job Description

Current Employer

Date of Birth

YYYY

MM

DD

Social Insurance No.

Check *one* only:

Canadian Citizen

or

Permanent Canadian Resident

EDUCATION

Secondary Education

FROM

TO

GRADE ACHIEVED

College Education

FROM

TO

COURSES

University Education

FROM

TO

DEGREE



I HEREBY STATE

- I hereby never been convicted of a criminal charge or matter of moral turpitude;
- I have no record of bankruptcy;
- I intend, when enrolled as a member of The Society of Notaries Public of BC, to practice as an independent Notary Public.

I SOLEMNLY DECLARE

all of the above statements to be true.

Signature

Date of Submission

YYYY

MM

DD

Date of Birth

YYYY

MM

DD

Have you completed...

Parts 1,2 and 3 of CONSENT FOR DISCLOSURE OF CRIMINAL RECORD INFORMATION
(from <http://www.rcmp.ca/forms/3584e.pdf>)
and taken it to your local RCMP office?

Have you included...

1. TRANSCRIPTS from all your education courses
2. RESUME of work experience since graduation
3. PAYMENT of \$900.00 + GST (This is a non-refundable fee)

Please send your completed application to:

The Society of Notaries Public of British Columbia
Box 44, Suite 1220 – 625 Howe Street
Vancouver, BC V6C 2T6