

Member Application

Please return this completed form to PFP Networking Manager as soon as possible to ensure receipt of information.

Mail To:

American Institute of CPAs - PFP
 220 Leigh Farm Rd.
 Durham, NC 27707
 Attn: PFP Team;
 Re: PFP Networking Group

Fax To:

919.490.4329
 Attn: PFP Team
 Re: PFP Networking Group

Email To:

PFP Networking Manager
 pfpnetworkgroup@aicpa.org

Step 1: Complete participant contact information:

MEMBER LAST NAME	FIRST NAME	
FIRM/AFFILIATION		
STREET ADDRESS	P.O. BOX	SUITE #
CITY	STATE	ZIP CODE
WORK TELEPHONE NUMBER	CELL NUMBER	E-MAIL ADDRESS

Step 2: Specify whether you are a(n):

- | | | |
|------------------------|------------------------------|-----------------------------|
| AICPA member? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| PFP Section member? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| PFS Credential Holder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Step 3: Specify with whom you would like to network:

Regional options

- Northeast (CT, DC, DE, ME, MD, MA, NH, NJ, NY, PA, RI, VT, VA)
- Southeast (AL, AR, FL, GA, NC, SC, TN)
- West (AL, AZ, CA, HI, ID, NV, OR, WA)
- Central A (CO, KS, LA, MS, MT, NM, ND, OK, SD, TX, UT, WY)
- South Central (IL, IN, IA, KY, MI, MN, MO, OH, WV)

Special interest group (please be specific):

Step 4: Specify whether you are interested in becoming chairperson of a group.

- Yes No

Step 5: Agree to the terms and conditions:

The mission of the PFP Networking Group is to provide you, the PFP section member and CPA financial planner, with the opportunity to network with the best and brightest of your peers; stay abreast of new developments through market and current event updates at each meeting; learn and share best practices for technical strategies and practice management topics; and problem-solve technical issues faced by group members in their practices in an open forum. As a member of this group, you agree to maintain a "member in good standing" status with AICPA and a member of the PFP section, which includes PFS credential holders, and to attend and actively participate in regularly scheduled meetings, teleconference calls, or other member events. *Your signature below indicates agreement to the terms and conditions.*

 Member signature

 Date