

American Institute of Certified Public Accountants

GLOBAL ACCOUNTING ALLIANCE MEMBERSHIP APPLICATION

REQUISITE PROCESSING INFORMATION (PLEASE PRINT)

Name _____

Company _____

Title _____

Business Address _____

City _____

State _____

Country _____

Postal Code _____

() _____

Business Phone _____

() _____

Fax Number _____

Home Address _____

City _____

State _____

Country _____

Postal Code _____

() _____

Home Phone _____

Email Address _____

Circle preferred mailing address: _____ Home _____ Business

Birth Date: (MO/DY/YR): _____

___ Male

___ Female

USCPA: Yes or No

I belong to the following GAA
Institute _____

I hold the following Designation

APPLICANT STATEMENT

To the best of my knowledge and belief, the information contained herein is true and correct. I agree to abide by the decisions of the Board of Directors as to the disposition of this application. The Applicant understands and acknowledges that membership in the Global Accounting Alliance in no way grants the Applicant membership in the American Institute of Certified Public Accountants.

Signature _____

Mail or Fax to:
AICPA
ATTN: Membership
P.O. Box 52403 – Durham, NC 27717-9928
Or
Fax to: 1-800.363.5066
Need Help? 888.777.7077