



Application for Associate Membership

Full payment must accompany application.
(Please print clearly – incomplete information will delay application process)

1. Member information

First name/middle initial _____
Last name _____
Email address _____
Birth date (MM/DD/YY) _____ Gender: Male Female
Home address _____ Apt. _____
City/state/ZIP _____
Home phone no. _____

2. Eligibility requirements (Check the box below)

By checking this box, I attest that I have passed the Uniform CPA Examination but have never been licensed as a CPA.
State _____ (e.g., NY)

I attest the information provided is accurate and agree this information may be audited by the AICPA and that inaccurate information may result in the loss of membership.

I attest that I meet the AICPA's membership rules and eligibility requirements outlined on aicpa.org/membership. I agree to abide by the decisions of the Board of Directors as to the disposition of this application. I attest that I have read the AICPA and CPA.com Joint Privacy Policy outlined on aicpa.org/PrivacyandTerms. If admitted as an Associate Member, I agree to be governed by and to comply with the Bylaws and Code of Professional Conduct of the Institute.

→ Signature _____ Date _____

3. Employment information

Business name _____
Business address _____
Suite/floor _____
City/state/ZIP _____
Work email address _____
Work phone number _____
Work fax number _____

Please indicate preferred mailing address Business Home
Please indicate preferred email address Business Home

4. Membership information

Have you ever been a member of the AICPA? No Yes
Member number _____

5. Ethnicity (optional)

Asian Hispanic/Latino Pacific Islander
 Black/African Descent Middle Eastern White/Caucasian
 East Indian Native American Other

MAILING INSTRUCTIONS
Mail completed form to:
AICPA (Payment – Subscriptions)
PO Box 37049
Boone, IA 50037-0048
USA

Or fax to:
800.362.5066 (U.S.)
+1.919.419.4795 (International)
Need Help? 888.777.7077 (U.S.)
+1.919.402.4500 (International)
M–F 9am–6pm ET

6. Enrollment fee

Enrollment fee \$65

7. Annual membership dues (check one)

Associate member \$255
 Temporarily left the workforce (TLW) (check one) \$140
 Unemployment
 Medical leave (health or disability prevents gainful employment)
 Family leave (left the workforce to care for family members full time)
 Education leave (enrolled in formal education programs full time)

Note: TLW status must be confirmed annually with Member Service to maintain dues rate.

8. Specialized interest sections (voluntary)

FVS Forensic and Valuation Services \$99
 IMTA Information Management and Technology Assurance \$99
 NFP Not-for-Profit \$99
 PFP Personal Financial Planning \$99
 TX Tax \$99
 TA Tax with *The Tax Adviser* \$99

9. Payment information promotional code _____

Note: In order to activate your membership, please ensure your payment includes applicable fees from sections 6, 7 and 8.

My check for US \$ _____ payable to the AICPA is enclosed.

OR please bill my credit card: AMEX Discover MasterCard Visa

Cardholder name _____

Card no. _____

Exp. date _____ (MM/YY) Business card Personal card

Amount US \$ _____

→ Signature _____

AICPA dues cover annual membership from Aug. 1 through July 31. A full year's dues payment is required upon joining the AICPA. To align new members with the AICPA billing cycle, they are billed a prorated dues renewal for the following membership year. Renewal payments are due each year by July 31.

AICPA Federal Tax ID: 13-0432265 Application Expiration Date: 07/31/17