

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. No. \_\_\_\_\_  
 City/state/ZIP \_\_\_\_\_  
 Home phone number \_\_\_\_\_

**2. ELIGIBILITY REQUIREMENTS**

(Check appropriate box below)

I attest that I am a graduate of a domestic or non-U.S. college or university and one of the following is true regarding my completion of the Uniform Certified Public Accountant Examination:

- I intend to study for the exam.
- I am scheduled to take the exam.
- I am in the process of sitting for the exam.

**3. EMPLOYMENT INFORMATION**

Business name \_\_\_\_\_  
 Business address \_\_\_\_\_  
 Suite/floor No. \_\_\_\_\_  
 City/state/ZIP \_\_\_\_\_  
 Business Category (choose one):  
 Public Accounting       Law  
 Business and Industry       Education  
 Consulting       Government  
 Work email address \_\_\_\_\_  
 Work phone number \_\_\_\_\_  
 Work fax number \_\_\_\_\_

PLEASE INDICATE PREFERRED MAILING ADDRESS  BUSINESS  HOME

PLEASE INDICATE PREFERRED EMAIL ADDRESS  BUSINESS  HOME

**4. APPLICANT STATEMENT**

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](http://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](http://aicpa.org/PrivacyandTerms). If admitted as a CPA Exam Candidate Affiliate Member, I agree to be governed by and to comply with the Bylaws and Code Of Professional Conduct of the Institute.

→ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**5. MEMBERSHIP INFORMATION**

Have you ever been a member of the AICPA?  NO  YES

Member number \_\_\_\_\_

**6. ETHNICITY (OPTIONAL)**

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

**7. ANNUAL MEMBERSHIP DUES**

CPA Exam Candidate Affiliate Member.....\$65

**Note:** CPA Exam Candidate Affiliate membership is available to you for five years or until the Uniform CPA Examination has been passed, whichever comes first. CPA Exam Candidate Affiliates will not have voting rights and generally may not serve on AICPA committees.

**8. PAYMENT INFORMATION** PROMOTIONAL CODE \_\_\_\_\_

My check for \$65 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 \$65

→ SIGNATURE \_\_\_\_\_

**MAILING INSTRUCTIONS**

**Mail completed form to:**  
 AICPA (Payment – Subscriptions)  
 PO Box 37048  
 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

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