



Application for International 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 all statements that apply)

- By checking this box, I attest that I hold a valid non-U.S. accounting credential from a professional organization, government entity or similar accountancy body approved by the AICPA Board of Directors (listed under Section 7).
 - By checking this box, I attest that I meet either the CPE requirement for a CPA or its equivalent in my home country.
- 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 International Associate Member, I agree to be governed by and to comply with the Bylaws and Code Of Professional Conduct of the Institute, including requirements for Continuing Professional Education (CPE).

→ Signature _____ Date _____

3. Employment information

Business name _____
Business address _____
Suite/floor no. _____
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

6. Enrollment fee

Enrollment fee \$65

7. Annual membership dues (check one)

- International associate \$425
- 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.

AICPA International Associate membership is available only to full, regular members of the organizations listed below. To qualify, please check the organization(s) you belong to:

- Australia – Institute of Chartered Accountants in Australia (ICAA)
- Canada – Chartered Professional Accountants Canada (CPA)
- England & Wales – Institute of Chartered Accountants in England and Wales (ICAEW)
- Germany – Institut der Wirtschaftsprüfer in Deutschland e.V. (IDW)
- Hong Kong – Hong Kong Institute of Certified Public Accountants (HKICPA)
- Ireland – Chartered Accountants Ireland (CAI)
- Japan – Japanese Institute of Certified Public Accountants (JICPA)
- Mexico – Instituto Mexicano de Contadores Públicos (IMCP)
- New Zealand – New Zealand Institute of Chartered Accountants (NZICA)
- Scotland – Institute of Chartered Accountants of Scotland (ICAS)
- South Africa – South African Institute of Chartered Accountants (SAICA)

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

Note: In order to activate your membership, please ensure that 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 _____

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

Or fax to: 800.362.5066
+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: 07/31/18