

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

By checking one of the boxes below, I attest that I have not passed the Uniform CPA Examination or the International Qualification Examination (IQEX) **AND** the selected condition applies to me (check one):

- You are an owner of, or a professional staff member employed by, a certified public accounting firm licensed to practice public accountancy in any U.S. jurisdiction and which includes at least one AICPA regular voting member as an owner or employee of such firm.
- You are employed by any U.S. or non-U.S. college or university in a full time business or accounting educator role.
- You are a corporate or government finance professional under the supervision of, or sponsored by, a regular voting member of the AICPA.

*Sponsor Name _____

Sponsor's AICPA Member Number _____

- You have management or governance responsibilities with respect to an organization that is served by an industry-specific membership section of the AICPA as established by Council.
- You are eligible to obtain an AICPA credential but don't qualify for regular voting AICPA membership or any other associate category.

* When applying under the third condition above, please provide the name and membership number of a current Regular Member (Voting) willing to sponsor your application. Sponsoring a finance professional is an affirmation by the member that the applicant is employed in a business, government, a not-for-profit organization or in a consulting or law firm.

3. 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. 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 a Non-CPA Associate Member, I agree to be governed by and to comply with the Bylaws and Code Of Professional Conduct of the Institute.

→ SIGNATURE _____ DATE _____

4. 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

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. ENROLLMENT FEE

Enrollment Fee \$65

8. ANNUAL MEMBERSHIP DUES (check one)

Non-CPA Associate \$255

9. SPECIALIZED INTEREST SECTIONS (VOLUNTARY)

- FVS Forensic and Valuation Services \$99
- IMTA Information Management and Technology Assurance \$99
- NFP Not-for-Profit \$199
- PFP Personal Financial Planning \$99
- TX Tax \$99
- TA Tax With *The Tax Adviser* \$99

10. PAYMENT INFORMATION PROMOTIONAL CODE _____

Note: In order to activate your membership, please ensure that your payment includes applicable fees from sections 7, 8 and 9.

Calculate total fees (see section 7, 8 and 9)

My check for \$ _____ 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 \$ _____

→ 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

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