

In the fall of 2010, the AICPA membership voted to extend full voting membership eligibility to financial professionals who have completed the requirements for CPA licensure, even though they have not attained a license. This change to AICPA Bylaws recognized that there are many highly qualified professionals whose talents enrich the profession, and whose participation in AICPA membership would benefit the unified voice of the profession.

As a result of this bylaw change, professionals meeting the Uniform Accountancy Act (UAA) qualifications for licensure and who are of good moral character may apply for membership by following the instructions below.

The AICPA looks forward to calling you a member!

Applicants must submit proof of meeting education, exam and experience requirements as outlined in the Uniform Accountancy Act along with their completed membership applications. All information must be submitted together to be considered.

Education

Applicants will be required to submit, with the membership application, sufficient official transcripts, which will be reviewed and verified by the AICPA. The transcripts must include:

At least 150 semester hours of college education including a baccalaureate or higher degree conferred by a college or university acceptable to the UAA Board, the total educational program to include an accounting concentration or equivalent as determined by State Board rule to be appropriate.

Note: Applicants who earned their educational backgrounds at colleges outside of the U.S. are required to download and complete the [FACS Request For Advisory Evaluation form](#); furnish the appropriate transcripts; and pay the fees for the foreign education evaluations.

Examination

Applicants will be required to acquire and submit official proof, in a sealed envelope, they have fulfilled the examination requirement from the appropriate state board of accountancy.

Experience

Applicants must prove they have completed one year of full-time experience or its equivalent, which includes providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax or consulting skills. This experience would be acceptable if gained through employment in government, industry, academia or public practice.

Applicants must furnish the names of the companies and supervisors, direct phone numbers of supervisors, mailing addresses, dates of employment, hours worked and descriptions of job duties performed to complete the mandatory one year of experience.

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 all statements that apply)

- By checking this box, I attest that I qualify for membership based on completing the requirements to become a licensed CPA as defined by Section 5 of the Uniform Accountancy Act, but I did not attain a license.
- By checking this box, I attest that I have never been convicted of, or pled guilty or no contest to, any state or federal felony.
If you have, please attach a copy of the Judgment, Sentence of Conviction and a letter of explanation to this application.

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 Regular 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

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

REQUIRED DOCUMENTS

To qualify for membership, please submit the following documents with this completed application:

- Documentation from your state board of accountancy showing the passing grade received in all four parts of the Uniform CPA Examination
- Sufficient official university transcript(s) to establish completion of college degree(s), 150 credit hours and the required accounting and accounting-related credit hours
- Completed and signed "Work History Form" attached as page three of this application

Mail completed form with required documents to:

AICPA **Need Help?** 888.777.7077 (U.S.)
 ATTN: Membership – UAA +1.919.402.4500 (International)
 P.O. Box 52403 M-F 9am-6pm ET
 Durham, NC 27717-9924 USA

6. ONE-TIME MEMBERSHIP ENROLLMENT FEE

- One-time enrollment fee \$100

7. ANNUAL MEMBERSHIP DUES (check one)

PUBLIC ACCOUNTING

- Partner/Shareholder/Owner \$435
- Sole Practitioner — One Professional \$435
- Staff Member \$245

BUSINESS AND INDUSTRY

- President/CEO/COO/CFO/Officer \$435
- Management/Staff \$245
- Internal Auditor \$245

CONSULTING

- Partner/Shareholder/Owner \$435
- Sole Practitioner — One Professional \$435
- Staff Member \$245

LAW

- Partner/Shareholder/Owner \$435
- Sole Practitioner — One Professional \$435
- Staff Member \$245

EDUCATION

- Administrator/Staff \$245
- Professor/Teacher \$245

GOVERNMENT

- Government Employee \$245

RETIRED

- Has reached full retirement age as defined by the Social Security Administration and, if employed as a business professional, works fewer than an average of 20 hours per week, on an annual basis.

Temporarily Left the Workforce (TLW) (check one) \$130

- Unemployment
- Medical leave (health or disability prevents gainful employment)
- Family leave (left the work force 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.
Note: If engaged in military service, please contact Member Service – See contact information below.

8. SPECIALIZED INTEREST SECTIONS (VOLUNTARY)

- FVS Forensic and Valuation Services \$215
- IMTA Information Management and Technology Assurance \$99
- NFP Not-For-Profit \$199
- PFP Personal Financial Planning \$215
- TX Tax \$190
- TA Tax With *The Tax Adviser* \$220

9. PAYMENT INFORMATION PROMOTIONAL CODE

Note: In order to activate your membership, please ensure your payment includes your one-time enrollment fee.

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 _____

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 fiscal year. Renewal payments are due each year by July 31.

AICPA Federal Tax ID 13-0432265

Application Expiration Date: 07/31/16

WORK HISTORY FORM

Please use this form to provide details on the completion of your one year of experience. This includes providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax or consulting skills. This experience is acceptable if gained through employment in government, industry, academia or public practice.

You must furnish the names of the companies and supervisors, direct phone numbers of supervisors, mailing addresses, dates of employment, hours worked and descriptions of job duties performed to complete the mandatory one year of experience.

You may have someone who supervised your work but now works elsewhere fill this out, as long as the correct information is provided. If you are unable to locate the appropriate supervisor, you may include a person of authority who helped oversee your work.

The supervisor must sign and date this form, but original signatures are not required when submitting. This form can be mailed, faxed or scanned.

1. APPLICANT INFORMATION

First name, middle name, last name _____

Date of birth _____

Business address _____

City/state/ZIP _____

Business phone _____

2. WORK HISTORY

COMPANY 1

Name of firm _____

Current company contact _____

Title(s) held _____

Date(s) employed _____

Type and description of work performed _____

Hours worked _____

Supervisor of work _____

Current company of supervisor _____

Current business address of supervisor _____

Current business phone number of supervisor _____

SIGNATURE OF SUPERVISOR _____ **Date** _____

COMPANY 2 (if necessary)

Name of firm _____

Current company contact _____

Title(s) held _____

Date(s) employed _____

Type and description of work performed _____

Hours worked _____

Supervisor of work _____

Current company of supervisor _____

Current business address of supervisor _____

Current business phone number of supervisor _____

SIGNATURE OF SUPERVISOR _____ **Date** _____

COMPANY 3 (if necessary)

Name of firm _____

Current company contact _____

Title(s) held _____

Date(s) employed _____

Type and description of work performed _____

Hours worked _____

Supervisor of work _____

Current company of supervisor _____

Current business address of supervisor _____

Current business phone number of supervisor _____

SIGNATURE OF SUPERVISOR _____ **Date** _____