

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 number _____

2. ELIGIBILITY REQUIREMENTS

By checking one of the boxes below, I attest that I have passed either the Uniform CPA Examination or the International Qualification Examination (IQEX) AND the selected condition applies to me (check one):

- I hold a current and valid CPA license/certificate.
- I held a CPA license/certificate in the past and it was not revoked for disciplinary reasons.

STATE _____ ISSUE DATE (MM/DD/YY) _____

LICENSE/CERTIFICATE NO. _____

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

MAILING INSTRUCTIONS	Or fax to:
Mail completed form to:	800.362.5066 (U.S.)
AICPA (Payment – Subscriptions)	+1.919.419.4795 (International)
PO Box 37048	Need Help? 888.777.7077 (U.S.)
Boone, IA 50037-0048	+1.919.402.4500 (International)
USA	M-F 9am–6pm ET

6. ENROLLMENT FEE

Enrollment Fee \$65

7. ANNUAL MEMBERSHIP DUES (check one)

To activate your AICPA membership, please ensure that you provide full payment associated with your designated position.

PUBLIC ACCOUNTING

- Partner/Shareholder/Owner \$445
- Sole Practitioner — One Professional \$445
- Staff Member \$255

BUSINESS AND INDUSTRY

- President/CEO/COO \$445
- CFO/Financial Officer \$445
- Officer — non financial/non accounting \$445
- Financial/Accounting Management \$255
- Financial/Accounting Staff \$255
- Internal Auditor \$255
- Staff — non financial/non accounting \$255

CONSULTING

- Partner/Shareholder/Owner \$445
- Sole Practitioner — One Professional \$445
- Staff Member \$255

LAW

- Partner/Shareholder/Owner \$445
- Sole Practitioner — One Professional \$445
- Staff Member \$255

EDUCATION

- Administrator/Staff \$255
- Professor/Teacher \$255

GOVERNMENT

- Government Employee \$255

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. \$140

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.
Note: If engaged in military service, please contact Member Service – See contact information below.

8. 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

9. PAYMENT INFORMATION PROMOTIONAL CODE _____

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

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

OR Please bill my credit card: AMEX Discover MasterCard Visa

Cardholder name _____

Card number _____

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