



Application for Regular Membership

Currently or previously licensed

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 _____
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

MAILING INSTRUCTIONS

Mail completed form to:
AICPA (Payment – Subscriptions)
PO Box 37049
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

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 \$455
 Sole practitioner – one professional \$455
 Staff member \$265

Business and industry

- President/CEO/COO \$455
 CFO/financial officer \$455
 Officer – non-financial/non-accounting \$455
 Financial/accounting management \$265
 Financial/accounting staff \$265
 Internal auditor \$265
 Staff – non-financial/non-accounting \$265

Consulting

- Partner/shareholder/owner \$455
 Sole practitioner – one professional \$455
 Staff member \$265

Law

- Partner/shareholder/owner \$455
 Sole practitioner – one professional \$455
 Staff member \$265

Education

- Administrator/staff \$265
 Professor/teacher \$265

Government

- Government employee \$265

Retired

- Retired \$140
 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) \$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 \$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 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 number _____
Exp. date _____ (MM/YY) Business card Personal card
Amount US \$ _____
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.