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.

Because 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 the AICPA will review and verify. 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, that 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.
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
Work phone number
Work fax number
Please indicate preferred mailing address  Business  Home
Please indicate preferred email address  Business  Home

3. Employment information
Business name
Business address
Suite/floor number
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

6. Annual membership dues (check one)
To activate your AICPA membership, please ensure that you provide full payment associated with your designated position.

<table>
<thead>
<tr>
<th>Month</th>
<th>Staff</th>
<th>Partner</th>
<th>Retired</th>
<th>Temporarily left the workforce (TLW)</th>
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<tbody>
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<td>$160.42</td>
<td>$271.25</td>
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<tr>
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<td>$232.50</td>
<td>$72.50</td>
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<td>$193.75</td>
<td>$60.42</td>
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<tr>
<td>May</td>
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<td>$465</td>
<td>$145</td>
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<tr>
<td>June</td>
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<tr>
<td>November</td>
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<td>$348.75</td>
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<td>December</td>
<td>$183.33</td>
<td>$310</td>
<td>$96.67</td>
<td>$96.67</td>
</tr>
</tbody>
</table>

Note: Retired status — 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.
Note: Temporarily Left the Workforce 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.

7. Specialized interest sections (voluntary)

- FVS Forensic and Valuation Services ................................ ........ $235
- NFP Not-For-Profit .................................................. $199
- PFP Personal Financial Planning ................................... $235
- TA Tax With The Tax Adviser .................................... $240

8. Enrollment fee
One-time enrollment fee .............................................. $100

9. Payment information
Promotional code

My check for US$ payable to the AICPA is enclosed.
OR please bill my credit card
- American Express — AMEX
- Discover
- MasterCard — MasterCard
- Visa

Cardholder name
Card number
Exp. date (MM/YY) Business card or Personal card
Amount US$

Signature

Full payment must accompany application.
(Please print clearly — incomplete information will delay application process.)

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 Exam
• 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 Dues Processing 888.777.7077 (U.S.)
PO Box 37048 +1.919.402.4500 (International)
Boone, IA 50037-0048 M–F 9am–6pm ET
USA service@aicpa.org
aicpa.org

Our membership year runs Aug. 1 through July 31. Your initial dues will be prorated based on the month you join. Renewal payments are due each year by July 31 and the first renewal notice is sent in June. If you joined in May, June, July or August, you will not be billed for your first renewal until June the following year.

AICPA Federal Tax ID 13-0432265 Application Expiration Date: 07/31/19
# 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 if 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

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: ____________________________