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.
Application for Regular — UAA Membership

Full payment must accompany application.
(Protect 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 (check all boxes that apply)
☐ 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.
☐ 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 number __________________________
City/state/ ZIP __________________________
Work email address __________________________
Work phone number __________________________
Work fax number __________________________

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 Dues Processing
888.777.7077 (U.S.)
PO Box 37049
Boone, IA 50037-0049
USA
service@aicpa.org
aicpa.org

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>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>$160.42</td>
<td>$271.25</td>
<td>$84.58</td>
<td>$84.58</td>
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<tr>
<td>February</td>
<td>$137.50</td>
<td>$232.50</td>
<td>$72.50</td>
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<td>March</td>
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<td>$193.75</td>
<td>$60.42</td>
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<td>$48.33</td>
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<tr>
<td>May</td>
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<td>November</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 __________________________

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 __________________________

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 of the following year.

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

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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

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