



Application for Associate Membership

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 (check box below)

I attest that I have passed the Uniform CPA Examination but have never been licensed as a CPA.
State _____ (e.g., NY)
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 an Associate Member, I agree to be governed by and to comply with the Bylaws and Code of Professional Conduct of the Institute.

→ 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 37048 Boone, IA 50037-0048 USA	Need help? 888.777.7077 (U.S.) +1.919.402.4500 (International) M–F 9am–6pm ET service@aicpa.org aicpa.org
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6. Annual membership dues (check one)

Join month _____
 January \$160.42
 February \$137.50
 March \$114.58
 April \$91.67
 May \$275
 June \$275
 July \$275
 August \$275
 September \$252.08
 October \$229.17
 November \$206.25
 December \$183.33

Note: If you have temporarily left the workforce (TLW), please contact Member Service. See contact information below.
TLW status must be confirmed annually with Member Service to maintain dues rate.

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

Enrollment fee \$65

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 the following year.

AICPA Federal Tax ID: 13-0432265

Application Expiration Date: 07/31/19