



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

6. Annual membership dues (check one)

Join month	\$285 (full price)
August	<input type="checkbox"/> \$285.00
September	<input type="checkbox"/> \$261.25
October	<input type="checkbox"/> \$237.50
November	<input type="checkbox"/> \$213.75
December	<input type="checkbox"/> \$190.00
January	<input type="checkbox"/> \$166.25
February	<input type="checkbox"/> \$142.50
March	<input type="checkbox"/> \$118.75
April	<input type="checkbox"/> \$95.00
May	<input type="checkbox"/> \$285.00
June	<input type="checkbox"/> \$285.00
July	<input type="checkbox"/> \$285.00

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

7. Specialized interest sections (voluntary)

Join month	Forensic and Valuation Services (FVS)	Not-for-Profit (NFP)	Personal Financial Planning (PFP)	Tax with The Tax Adviser (TAX)	PPF/Tax Bundle
	\$235 (full price)	\$199 (full price)	\$235 (full price)	\$240 (full price)	\$380 (full price)
August	<input type="checkbox"/> \$235.00	<input type="checkbox"/> \$199.00	<input type="checkbox"/> \$235.00	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$380.00
September	<input type="checkbox"/> \$215.42	<input type="checkbox"/> \$182.42	<input type="checkbox"/> \$215.42	<input type="checkbox"/> \$220.00	<input type="checkbox"/> \$348.33
October	<input type="checkbox"/> \$195.83	<input type="checkbox"/> \$165.83	<input type="checkbox"/> \$195.83	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$316.67
November	<input type="checkbox"/> \$176.25	<input type="checkbox"/> \$149.25	<input type="checkbox"/> \$176.25	<input type="checkbox"/> \$180.00	<input type="checkbox"/> \$285.00
December	<input type="checkbox"/> \$156.67	<input type="checkbox"/> \$132.67	<input type="checkbox"/> \$156.67	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$253.33
January	<input type="checkbox"/> \$137.08	<input type="checkbox"/> \$116.08	<input type="checkbox"/> \$137.08	<input type="checkbox"/> \$140.00	<input type="checkbox"/> \$221.67
February	<input type="checkbox"/> \$117.50	<input type="checkbox"/> \$99.50	<input type="checkbox"/> \$117.50	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$190.00
March	<input type="checkbox"/> \$97.92	<input type="checkbox"/> \$82.92	<input type="checkbox"/> \$97.92	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$158.33
April	<input type="checkbox"/> \$78.33	<input type="checkbox"/> \$66.33	<input type="checkbox"/> \$78.33	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$126.67
May	<input type="checkbox"/> \$235.00	<input type="checkbox"/> \$199.00	<input type="checkbox"/> \$235.00	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$380.00
June	<input type="checkbox"/> \$235.00	<input type="checkbox"/> \$199.00	<input type="checkbox"/> \$235.00	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$380.00
July	<input type="checkbox"/> \$235.00	<input type="checkbox"/> \$199.00	<input type="checkbox"/> \$235.00	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$380.00

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: 04/30/20

<p>Mailing instructions Mail completed form to: AICPA (Payment – Dues) PO Box 37049 Boone, IA 50037-0049 USA</p>	<p>Need help? 888.777.7077 (U.S.) +1.919.402.4500 (International) M–F 9am–6pm ET service@aicpa.org aicpa.org</p>
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