



# 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 37049 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

## 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 \$99 Waived
[ ] NFP Not-for-Profit \$99 Waived
[ ] PFP Personal Financial Planning \$99 Waived
[ ] TX Tax \$99 Waived

## 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