



Application for CPA Exam Candidate Affiliate 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 one box below)

I attest that I am a graduate of a domestic or non-U.S. college or university and one of the following is true regarding my completion of the Uniform CPA Examination:

- I intend to study for the exam.
 I am scheduled to take the exam.
 I am in the process of sitting for the exam.

3. Employment information

Business name _____
Business address _____
Suite/floor _____
City/state/ZIP _____
Business category (choose one):
 Public Accounting Law
 Business and Industry Education
 Consulting Government
Work email address _____
Work phone number _____
Work fax number _____

Please indicate preferred mailing address Business Home

Please indicate preferred email address Business Home

4. Applicant statement

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 CPA Exam Candidate Affiliate Member, I agree to be governed by and to comply with the Bylaws and Code of Professional Conduct of the Institute.

Signature _____ Date _____

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

5. Membership information

Have you ever been a member of the AICPA? No Yes

Member number _____

6. Ethnicity (optional)

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

7. Annual membership dues (check one box below)

Join month

- January \$43.75
 February \$37.50
 March \$31.25
 April \$25
 May \$75
 June \$75
 July \$75
 August \$75
 September \$68.75
 October \$62.50
 November \$56.25
 December \$50

Note: CPA Exam Candidate Affiliate membership is available to you for five years or until the Uniform CPA Examination has been passed, whichever comes first. CPA Exam Candidate Affiliates will not have voting rights and generally may not serve on AICPA committees.

8. Specialized interest sections (voluntary)

- FVS Forensic and Valuation Services \$99 ... Waived
 IMTA Information Management and Technology Assurance \$99 ... Waived
 NFP Not-for-Profit \$99 ... Waived
 PFP Personal Financial Planning \$99 ... Waived
 TX Tax \$99 ... Waived
 TA Tax with The Tax Adviser \$99 ... Waived

9. Payment information promotional code

Note: In order to activate your membership, please ensure your payment includes applicable fees from sections 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 or July, your first renewal invoice will be sent the following year.