



# Application for Non-CPA 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 all boxes that apply)

- I attest that I have not passed the Uniform CPA Examination or the International Qualification Examination (IQEX) AND the selected condition applies to me:
You are an owner of, or a professional staff member employed by, a certified public accounting firm licensed to practice public accountancy in any U.S. jurisdiction and which includes at least one AICPA regular voting member as an owner or employee of such firm.
You are employed by any U.S. or non-U.S. college or university in a full time business or accounting educator role.
You are a corporate or government finance professional under the supervision of, or sponsored by, a regular voting member of the AICPA.

\*Sponsor name \_\_\_\_\_

Sponsor's AICPA member number \_\_\_\_\_

- You have management or governance responsibilities with respect to an organization that is served by an industry-specific membership section of the AICPA as established by Council.
You are eligible to obtain an AICPA credential but don't qualify for regular voting AICPA membership or any other associate category.

\* Note: When applying under the third condition above, please provide the name and membership number of a current Regular Member (Voting) willing to sponsor your application. Sponsoring a finance professional is an affirmation by the member that the applicant is employed in a business, government, a not-for-profit organization or in a consulting or law firm.

## 3. 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 Non-CPA Associate Member, I agree to be governed by and to comply with the Bylaws and Code of Professional Conduct of the Institute.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 4. Employment information

Business name \_\_\_\_\_
Business address \_\_\_\_\_
Suite/floor number \_\_\_\_\_
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

## 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 ..... \$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

## 8. 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

## 9. Enrollment fee

- Enrollment fee ..... \$65

## 10. Payment information promotional code \_\_\_\_\_

Note: In order to activate your membership, please ensure that your payment includes applicable fees from sections 7, 8 and 9.

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 \_\_\_\_\_

### 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

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.