



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 \$154.58
- February \$132.50
- March \$110.42
- April \$88.33
- May \$265
- June \$265
- July \$265
- August \$265
- September \$242.92
- October \$220.83
- November \$198.75
- December \$176.67

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. 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 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

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.