



In the fall of 2010, the AICPA membership voted to extend full voting membership eligibility to financial professionals who have completed the requirements for CPA licensure, even though they have not attained a license. This change to AICPA Bylaws recognized that there are many highly qualified professionals whose talents enrich the profession, and whose participation in AICPA membership would benefit the unified voice of the profession.

Because of this bylaw change, professionals meeting the Uniform Accountancy Act (UAA) qualifications for licensure and who are of good moral character may apply for membership by following the instructions below.

The AICPA looks forward to calling you a member!

Applicants must submit proof of meeting education, exam and experience requirements as outlined in the Uniform Accountancy Act, along with their completed membership applications. All information must be submitted together to be considered.

Education

Applicants will be required to submit, with the membership application, sufficient official transcripts, which the AICPA will review and verify. The transcripts must include:

At least 150 semester hours of college education, including a baccalaureate or higher degree conferred by a college or university acceptable to the UAA Board, the total educational program to include an accounting concentration or equivalent as determined by State Board rule to be appropriate.

Note: Applicants who earned their educational backgrounds at colleges outside of the U.S. are required to download and complete the [FACS Request For Advisory Evaluation form](#); furnish the appropriate transcripts; and pay the fees for the foreign education evaluations.

Examination

Applicants will be required to acquire and submit official proof, in a sealed envelope, that they have fulfilled the examination requirement from the appropriate state board of accountancy.

Experience

Applicants must prove they have completed one year of full-time experience or its equivalent, which includes providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax or consulting skills. This experience would be acceptable if gained through employment in government, industry, academia or public practice.

Applicants must furnish the names of the companies and supervisors, direct phone numbers of supervisors, mailing addresses, dates of employment, hours worked and descriptions of job duties performed to complete the mandatory one year of experience.



Application for Regular – UAA 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 qualify for membership based on completing the requirements to become a licensed CPA as defined by Section 5 of the Uniform Accountancy Act, but I did not attain a license.

I attest that I have never been convicted of, or pled guilty or no contest to, any state or federal felony.

If you have, please attach a copy of the Judgment, Sentence of Conviction and a letter of explanation to this application.

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 Regular Member, I agree to be governed by and to comply with the Bylaws and Code of Professional Conduct of the Institute, including requirements for Continuing Professional Education (CPE).

→ Signature _____ Date _____

3. 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

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

Required documents

To qualify for membership, please submit the following documents with this completed application:

- Documentation from your state board of accountancy showing the passing grade received in all four parts of the Uniform CPA Examination
- Sufficient official university transcript(s) to establish completion of college degree(s), 150 credit hours and the required accounting and accounting-related credit hours
- Completed and signed "Work history form" attached as page three of this application

Mail completed form with required documents to:

AICPA Dues Processing 888.777.7077 (U.S.)
 PO Box 37049 +1.919.402.4500 (International)
 Boone, IA 50037-0048 M–F 9am–6pm ET
 USA service@aicpa.org
 aicpa.org

6. Annual membership dues (check one)

To activate your AICPA membership, please ensure that you provide full payment associated with your designated position.

Month	Staff	Partner
January	<input type="checkbox"/> \$154.58	<input type="checkbox"/> \$265.42
February	<input type="checkbox"/> \$132.50	<input type="checkbox"/> \$227.50
March	<input type="checkbox"/> \$110.42	<input type="checkbox"/> \$189.58
April	<input type="checkbox"/> \$88.33	<input type="checkbox"/> \$151.67
May	<input type="checkbox"/> \$265	<input type="checkbox"/> \$455
June	<input type="checkbox"/> \$265	<input type="checkbox"/> \$455
July	<input type="checkbox"/> \$265	<input type="checkbox"/> \$455
August	<input type="checkbox"/> \$265	<input type="checkbox"/> \$455
September	<input type="checkbox"/> \$242.92	<input type="checkbox"/> \$417.08
October	<input type="checkbox"/> \$220.83	<input type="checkbox"/> \$379.17
November	<input type="checkbox"/> \$198.75	<input type="checkbox"/> \$341.25
December	<input type="checkbox"/> \$176.67	<input type="checkbox"/> \$303.33

Retired Temporarily left the workforce (TLW)

Join month

<input type="checkbox"/> January	\$81.67	<input type="checkbox"/> July	\$140
<input type="checkbox"/> February	\$70	<input type="checkbox"/> August	\$140
<input type="checkbox"/> March	\$58.33	<input type="checkbox"/> September	\$128.33
<input type="checkbox"/> April	\$46.67	<input type="checkbox"/> October	\$116.67
<input type="checkbox"/> May	\$140	<input type="checkbox"/> November	\$105
<input type="checkbox"/> June	\$140	<input type="checkbox"/> December	\$93.33

Note: Retired status – Has reached full retirement age as defined by the Social Security Administration and, if employed as a business professional, works fewer than an average of 20 hours per week, on an annual basis.

Note: TLW status must be confirmed annually with Member Service to maintain dues rate.

Note: If engaged in military service, please contact Member Service – see contact information below.

7. Specialized interest sections (voluntary)

- FVS Forensic and Valuation Services \$99 ... Waived
- IMTA Information Management and Technology Assurance \$0 ... 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

8. Enrollment fee

One-time enrollment fee \$100

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 or July, your first renewal invoice will be sent the following year.

AICPA Federal Tax ID 13-0432265

Application Expiration Date: 07/31/18



Application for Regular – UAA Membership

Work history form

Please use this form to provide details on the completion of your one year of experience. This includes providing any type of service or advice involving the use of accounting, attest, compilation, management advisory, financial advisory, tax or consulting skills. This experience is acceptable if gained through employment in government, industry, academia or public practice.

You must furnish the names of the companies and supervisors, direct phone numbers of supervisors, mailing addresses, dates of employment, hours worked and descriptions of job duties performed to complete the mandatory one year of experience.

You may have someone who supervised your work but now works elsewhere fill this out if the correct information is provided. If you are unable to locate the appropriate supervisor, you may include a person of authority who helped oversee your work.

The supervisor must sign and date this form, but original signatures are not required when submitting. This form can be mailed, faxed or scanned.

1. Applicant Information

First name, middle name, last name _____

Date of birth _____

Business address _____

City/state/ZIP _____

Business phone _____

2. Work history

Company 1

Name of firm _____

Current company contact _____

Title(s) held _____

Date(s) employed _____

Type and description of work performed _____

Hours worked _____

Supervisor of work _____

Current company of supervisor _____

Current business address of supervisor _____

Current business phone number of supervisor _____

Signature of supervisor _____ Date _____

Company 2 (if necessary)

Name of firm _____

Current company contact _____

Title(s) held _____

Date(s) employed _____

Type and description of work performed _____

Hours worked _____

Supervisor of work _____

Current company of supervisor _____

Current business address of supervisor _____

Current business phone number of supervisor _____

Signature of svpervisor _____ Date _____

Company 3 (if necessary)

Name of firm _____

Current company contact _____

Title(s) held _____

Date(s) employed _____

Type and description of work performed _____

Hours worked _____

Supervisor of work _____

Current company of supervisor _____

Current business address of supervisor _____

Current business phone number of supervisor _____

Signature of supervisor _____ Date _____