



# Application for Regular Membership

Currently or previously licensed

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 passed either the Uniform CPA Examination or the International Qualification Examination (IQEX) AND the selected condition applies to me AND the selected condition applies to me.
I hold a current and valid CPA license/certificate.
I held a CPA license/certificate in the past and it was not revoked for disciplinary reasons.

State \_\_\_\_\_ Issue date (MM/DD/YY) \_\_\_\_\_

License/certificate number \_\_\_\_\_

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 \_\_\_\_\_
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)

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

Table with columns: Month, Staff, Partner. Rows for months January through December with corresponding dues amounts.

## Retired Temporarily left the workforce (TLW)

### Join month

Table with columns: Retired, Temporarily left the workforce (TLW). Rows for months January through December with corresponding dues amounts.

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 \$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

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