



Application for 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 box below)

I attest that I have passed the Uniform CPA Examination but have never been licensed as a CPA.

State _____ (e.g., NY)

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 an Associate Member, I agree to be governed by and to comply with the Bylaws and Code of Professional Conduct of the Institute.

→ 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 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
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6. Annual membership dues (check one)

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

Note: If you have temporarily left the workforce (TLW), please contact Member Service. See contact information below.
TLW status must be confirmed annually with Member Service to maintain dues rate.

7. 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

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, July or August, you will not be billed for your first renewal until June the following year.

AICPA Federal Tax ID: 13-0432265

Application Expiration Date: 07/31/19



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 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

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 \$46.67
 February \$40.00
 March \$33.33
 April \$26.67
 May \$80.00
 June \$80.00
 July \$80.00
 August \$80.00
 September \$73.33
 October \$66.67
 November \$60.00
 December \$53.33

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 \$235
 NFP Not-for-Profit \$199
 PFP Personal Financial Planning \$235
 TA Tax with The Tax Adviser \$240

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, July or August, you will not be billed for your first renewal until June the following year.



Application for International 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 hold a valid non-U.S. accounting credential from a professional organization, government entity or similar accountancy body approved by the AICPA Board of Directors (listed under Section 7).

I attest that I meet either the CPE requirement for a CPA or its equivalent in my home country.

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

Mailing instructions	Need help?
Mail completed form to:	888.777.7077 (U.S.)
AICPA (Payment – Subscriptions)	+1.919.402.4500 (International)
PO Box 37048	M–F 9am–6pm ET
Boone, IA 50037-0048	service@aicpa.org
USA	aicpa.org

6. Annual membership dues (check one box)

Join month

- January \$253.75
- February..... \$217.50
- March \$181.25
- April..... \$145.00
- May \$435.00
- June \$435.00
- July \$435.00
- August \$435.00
- September..... \$398.75
- October \$326.50
- November \$326.50
- December \$290.00

Note: If you have temporarily left the workforce (TLW), please contact Member Service. See contact information below.

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

AICPA International Associate membership is available only to full, regular members of the organizations listed below. To qualify, please check the organization(s) you belong to:

- Australia – Institute of Chartered Accountants in Australia (ICAA)
- Canada – Chartered Professional Accountants Canada (CPA)
- England & Wales – Institute of Chartered Accountants in England and Wales (ICAEW)
- Germany – Institut der Wirtschaftsprüfer in Deutschland e.V. (IDW)
- Hong Kong – Hong Kong Institute of Certified Public Accountants (HKICPA)
- Ireland – Chartered Accountants Ireland (CAI)
- Japan – Japanese Institute of Certified Public Accountants (JICPA)
- Mexico – Instituto Mexicano de Contadores Públicos (IMCP)
- New Zealand – New Zealand Institute of Chartered Accountants (NZICA)
- Scotland – Institute of Chartered Accountants of Scotland (ICAS)
- South Africa – South African Institute of Chartered Accountants (SAICA)

7. 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

8. Enrollment fee

- Enrollment fee \$65

9. Payment information promotional code _____

Note: In order to activate your membership, please ensure that 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, July or August, you will not be billed for your first renewal until June the following year.



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

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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:
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 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

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 5 columns: Month, Staff, Partner, Retired, Temporarily left the workforce. 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: Temporary Left the Workforce 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 \$235
NFP Not-for-Profit \$199
PFP Personal Financial Planning \$235
TA Tax with The Tax Adviser \$240

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, July or August, you will not be billed for your first renewal until June the following year.



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 Hispanic/Latino Pacific Islander
- Black/African descent Middle Eastern White/Caucasian
- East Indian Native American 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 37048 +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	Retired	Temporarily left the workforce (TLW)
January	<input type="checkbox"/> \$160.42	<input type="checkbox"/> \$271.25	<input type="checkbox"/> \$84.58	<input type="checkbox"/> \$84.58
February	<input type="checkbox"/> \$137.50	<input type="checkbox"/> \$232.50	<input type="checkbox"/> \$72.50	<input type="checkbox"/> \$72.50
March	<input type="checkbox"/> \$114.58	<input type="checkbox"/> \$193.75	<input type="checkbox"/> \$60.42	<input type="checkbox"/> \$60.42
April	<input type="checkbox"/> \$91.67	<input type="checkbox"/> \$155	<input type="checkbox"/> \$48.33	<input type="checkbox"/> \$48.33
May	<input type="checkbox"/> \$275	<input type="checkbox"/> \$465	<input type="checkbox"/> \$145	<input type="checkbox"/> \$145
June	<input type="checkbox"/> \$275	<input type="checkbox"/> \$465	<input type="checkbox"/> \$145	<input type="checkbox"/> \$145
July	<input type="checkbox"/> \$275	<input type="checkbox"/> \$465	<input type="checkbox"/> \$145	<input type="checkbox"/> \$145
August	<input type="checkbox"/> \$275	<input type="checkbox"/> \$465	<input type="checkbox"/> \$145	<input type="checkbox"/> \$145
September	<input type="checkbox"/> \$252.08	<input type="checkbox"/> \$426.25	<input type="checkbox"/> \$132.92	<input type="checkbox"/> \$132.92
October	<input type="checkbox"/> \$229.17	<input type="checkbox"/> \$387.50	<input type="checkbox"/> \$120.83	<input type="checkbox"/> \$120.83
November	<input type="checkbox"/> \$206.25	<input type="checkbox"/> \$348.75	<input type="checkbox"/> \$108.75	<input type="checkbox"/> \$108.75
December	<input type="checkbox"/> \$183.33	<input type="checkbox"/> \$310	<input type="checkbox"/> \$96.67	<input type="checkbox"/> \$96.67

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: Temporarily Left the Workforce 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 \$235
- NFP Not-For-Profit \$199
- PFP Personal Financial Planning \$235
- TA Tax With *The Tax Adviser* \$240

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 _____

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AICPA Federal Tax ID 13-0432265

Application Expiration Date: 07/31/19



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 _____