



# 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](http://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](http://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
- Black/African Descent
- East Indian
- Hispanic/Latino
- Middle Eastern
- Native American
- Pacific Islander
- White/Caucasian
- Other

### Mailing instructions

Mail completed form to:  
AICPA (Payment – Dues)  
PO Box 37049  
Boone, IA 50037-0049  
USA

### Need help?

888.777.7077 (U.S.)  
+1.919.402.4500 (International)  
M–F 9am–6pm ET  
[service@aicpa.org](mailto:service@aicpa.org)  
[aicpa.org](http://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
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"/> \$155.00	<input type="checkbox"/> \$48.33	<input type="checkbox"/> \$48.33
May	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$465.00	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$145.00
June	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$465.00	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$145.00
July	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$465.00	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$145.00
August	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$465.00	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$145.00
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"/> \$310.00	<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:** 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.