

Full payment must accompany application. **(PLEASE PRINT CLEARLY — INCOMPLETE INFORMATION WILL DELAY APPLICATION PROCESS)**

1. MEMBER INFORMATION

First name/middle initial _____ Last name _____
 CPA Canada membership number _____ Email address _____
 Birth date (MM/DD/YY) _____ Gender Male Female
 Home address _____ Apt. number _____
 City _____ Province _____ Postal code _____
 Home phone number _____

2. EMPLOYMENT INFORMATION

Business name _____
 Business address _____ Suite/floor number _____
 City _____ Province _____ Postal code _____
 Work email address _____
 Work phone number _____ Work fax number _____
 PLEASE INDICATE PREFERRED MAILING ADDRESS BUSINESS HOME

3. ELIGIBILITY REQUIREMENTS (Check all statements that apply)

- By checking this box, I attest that I am a member of CPA Canada.
- I have read and agree to the [AICPA and CPA.com Joint Privacy Policy](#).*
- I agree to allow the AICPA to share my application information with CPA Canada to validate membership.

I attest the information provided is true and accurate. I understand and agree this information may be audited by the AICPA to ensure its accuracy, and that failing to provide accurate 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.

*[aicpa.org/privacyandterms/pages/privacy.aspx](#)

SIGNATURE _____ DATE _____

4. SPECIALIZED INTEREST SECTIONS (VOLUNTARY)

- FVS** Forensic and Valuation Services **\$420 USD**
- PFP** Personal Financial Planning **\$420 USD**
- IMTA** Information Management and Technology Assurance **\$420 USD**
Each additional section membership receives a \$220 USD discount. (To join FVS and IMTA sections would be \$420 for FVS and \$420 for IMTA less the \$220 discount for the additional section, making the total price \$620 for the two sections. To join all three the cost would be \$820.)

5. PAYMENT INFORMATION

Please bill my credit card AMEX Discover MasterCard Visa
 Cardholder name _____
 Card number _____ Exp. date (MM/YY) _____ Business card Personal card
 Amount US\$ _____

SIGNATURE _____ DATE _____

MAILING INSTRUCTIONS
Mail completed form to:
 AICPA
 ATTN: Membership
 P.O. Box 52403
 Durham, NC 27717-9924
 USA

Or fax to:
 +1.919.419.4795 (International)
Or email to: FVS@aicpa.org
Need Help?
 +1.919.402.4500 (International)
 M–F 9am–6pm ET

AICPA dues cover annual membership from Aug. 1 through July 31. A full year's dues payment is required upon joining the AICPA. To align new members with the AICPA billing cycle, they are billed a prorated dues renewal for the following fiscal year. Renewal payments are due each year by July 31.

AICPA Federal Tax ID: 13-0432265