



## INDIVIDUAL MEMBERSHIP APPLICATION

### SECTION A: MEMBERSHIP APPLICANT

\_\_\_\_\_  
**First Name** **Middle Name** **Last Name**

\_\_\_\_\_  
**Credentials/Designations** **Date of Birth (MM/DD/YYYY)**

\_\_\_\_\_  
**How did you hear about us?**

Mail Preference:  Business  Home

### SECTION B: BUSINESS INFORMATION

\_\_\_\_\_  
**Firm/Company**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Office Phone (Ext.)** **Fax**

### SECTION C: HOME INFORMATION

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Cell Phone**

\_\_\_\_\_  
**Email**

### SECTION D: MEMBERSHIP INFORMATION

**Categories of Individual Membership**

*(Select the highest level that applies)*

- Professional and/or Licensed CPA (5+ Years)
- Professional and/or Licensed CPA (Less than 5 Years)
- Retired CPA
- CPA Candidate (Currently Testing - Limited to 3 Years)
- Student (Full-Time or Part-Time Undergraduate/Graduate)

**Annual Membership Dues**

\$200  
 \$100  
 \$75  
 \$50  
 1st Year Free; \$25 thereafter

