



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 _____

Birthdate (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
- Black/African descent
- East Indian
- Hispanic/Latino
- Middle Eastern
- Native American
- Pacific Islander
- White/Caucasian
- Other

6. Annual membership dues (check one)

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

Join month	Staff \$295 (full price)	Partner \$485 (full price)	Retired/Temporarily Left the Workforce \$155 (full price)
August	<input type="checkbox"/> \$295	<input type="checkbox"/> \$485	<input type="checkbox"/> \$155
September	<input type="checkbox"/> \$270	<input type="checkbox"/> \$445	<input type="checkbox"/> \$142
October	<input type="checkbox"/> \$246	<input type="checkbox"/> \$404	<input type="checkbox"/> \$129
November	<input type="checkbox"/> \$221	<input type="checkbox"/> \$364	<input type="checkbox"/> \$116
December	<input type="checkbox"/> \$197	<input type="checkbox"/> \$323	<input type="checkbox"/> \$103
January	<input type="checkbox"/> \$172	<input type="checkbox"/> \$283	<input type="checkbox"/> \$90
February	<input type="checkbox"/> \$148	<input type="checkbox"/> \$243	<input type="checkbox"/> \$78
March	<input type="checkbox"/> \$123	<input type="checkbox"/> \$202	<input type="checkbox"/> \$65
April	<input type="checkbox"/> \$98	<input type="checkbox"/> \$162	<input type="checkbox"/> \$52
May	<input type="checkbox"/> \$295	<input type="checkbox"/> \$485	<input type="checkbox"/> \$155
June	<input type="checkbox"/> \$295	<input type="checkbox"/> \$485	<input type="checkbox"/> \$155
July	<input type="checkbox"/> \$295	<input type="checkbox"/> \$485	<input type="checkbox"/> \$155

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)

Join month	Forensic and Valuation Services (FVS) \$235 (full price)	Not-for-Profit (NFP) \$199 (full price)	Personal Financial Planning (PFP) \$235 (full price)	Tax with The Tax Adviser (TAX) \$240 (full price)
August	<input type="checkbox"/> \$235	<input type="checkbox"/> \$199	<input type="checkbox"/> \$235	<input type="checkbox"/> \$240
September	<input type="checkbox"/> \$215	<input type="checkbox"/> \$182	<input type="checkbox"/> \$215	<input type="checkbox"/> \$220
October	<input type="checkbox"/> \$196	<input type="checkbox"/> \$166	<input type="checkbox"/> \$196	<input type="checkbox"/> \$200
November	<input type="checkbox"/> \$176	<input type="checkbox"/> \$149	<input type="checkbox"/> \$176	<input type="checkbox"/> \$180
December	<input type="checkbox"/> \$157	<input type="checkbox"/> \$133	<input type="checkbox"/> \$157	<input type="checkbox"/> \$160
January	<input type="checkbox"/> \$137	<input type="checkbox"/> \$116	<input type="checkbox"/> \$137	<input type="checkbox"/> \$140
February	<input type="checkbox"/> \$118	<input type="checkbox"/> \$100	<input type="checkbox"/> \$118	<input type="checkbox"/> \$120
March	<input type="checkbox"/> \$98	<input type="checkbox"/> \$83	<input type="checkbox"/> \$98	<input type="checkbox"/> \$100
April	<input type="checkbox"/> \$78	<input type="checkbox"/> \$66	<input type="checkbox"/> \$78	<input type="checkbox"/> \$80
May	<input type="checkbox"/> \$235	<input type="checkbox"/> \$199	<input type="checkbox"/> \$235	<input type="checkbox"/> \$240
June	<input type="checkbox"/> \$235	<input type="checkbox"/> \$199	<input type="checkbox"/> \$235	<input type="checkbox"/> \$240
July	<input type="checkbox"/> \$235	<input type="checkbox"/> \$199	<input type="checkbox"/> \$235	<input type="checkbox"/> \$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.

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 aicpa.org
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