



Full payment must accompany application. (Please print clearly – incomplete information will delay application process)

1. Applicant profile

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.

Signature _____ Date _____

4. Specialized interest sections (voluntary)

- [] FVS – Forensic and Valuation Services \$420 USD [] PFP – Personal Financial Planning \$420 USD

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
Application Expiration Date: 3/31/2021