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**Application for
CPA Exam Candidate
Affiliate Membership**

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. No. _____
 City/state/ZIP _____
 Home phone number _____

2. ELIGIBILITY REQUIREMENTS

(Check appropriate box below)

I attest that I am a graduate of a domestic or non-U.S. college or university and one of the following is true regarding my completion of the Uniform Certified Public Accountant Examination:

- I intend to study for the exam.
- I am scheduled to take the exam.
- I am in the process of sitting for the exam.

3. EMPLOYMENT INFORMATION

Business name _____
 Business address _____
 Suite/floor No. _____
 City/state/ZIP _____
 Business Category (choose one):
 Public Accounting Law
 Business and Industry Education
 Consulting Government
 Work email address _____
 Work phone number _____
 Work fax number _____

PLEASE INDICATE PREFERRED MAILING ADDRESS BUSINESS HOME

PLEASE INDICATE PREFERRED EMAIL ADDRESS BUSINESS HOME

4. APPLICANT STATEMENT

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 CPA Exam Candidate Affiliate Member, I agree to be governed by and to comply with the Bylaws and Code Of Professional Conduct of the Institute.

→ SIGNATURE _____ DATE _____

5. MEMBERSHIP INFORMATION

Have you ever been a member of the AICPA? NO YES

Member number _____

6. ETHNICITY (OPTIONAL)

- Asian Hispanic/Latino Pacific Islander
- Black/African Descent Middle Eastern White/Caucasian
- East Indian Native American Other

7. ANNUAL MEMBERSHIP DUES

CPA Exam Candidate Affiliate Member ~~\$65~~ \$26

Note: CPA Exam Candidate Affiliate membership is available to you for five years or until the Uniform CPA Examination has been passed, whichever comes first. CPA Exam Candidate Affiliates will not have voting rights and generally may not serve on AICPA committees.

8. PAYMENT INFORMATION PROMOTIONAL CODE **CPAEXAM17**

My check for ~~\$65~~ \$26 payable to the AICPA is enclosed.

OR please bill my credit card AMEX Discover MasterCard Visa

Cardholder name _____

Card no. _____

Exp. date _____ (MM/YY) Business card Personal card

Amount ~~\$65~~ \$26

→ SIGNATURE _____

<p>MAILING INSTRUCTIONS Mail completed form to: AICPA ATTN: Membership PO Box 25824 Lehigh Valley, PA 18002-5823 USA</p>	<p>Or email to: service@aicpa.org Or fax to: 800.362.5066 (U.S.) +1.919.419.4795 (International) Need Help? 888.777.7077 (U.S.) +1.919.402.4500 (International) M-F 9am-6pm ET</p>
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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: 07/31/17