



Apply online at www.ascpa.com
If you have any questions, please call (602) 252-4144.

PERSONAL & DEMOGRAPHIC PROFILE

Please print legibly or type your name as it should appear on your ASCPA membership certificate:

First	Middle	Last	Suffix (Jr., Sr., etc.)	Nickname
<hr/>				
Home Street Address				
<hr/>				
City	State	Zip Code		
()	()	<hr/>		
Home Phone	Cell Phone	Home Email Address		
<hr/>		<hr/>		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: <hr/>		Other Credentials (MBA, PhD, etc.): <hr/>	
<small>Used for CPE Transcripts</small>				

PROFESSIONAL PROFILE

Business/Firm Name	Job Title	
<hr/>	<hr/>	
Business Street Address	Personalized Mail Stop, Box Number, etc.	
<hr/>	<hr/>	
City	State	Zip Code
()	()	()
Phone (Main Office)	Direct Line	Fax
<hr/>	<hr/>	<hr/>
Business Email Address	Website Address	
<hr/>	<hr/>	
PREFERRED MAILING ADDRESS: <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS	PREFERRED EMAIL ADDRESS: <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS	

Specific Business Type (Please Choose One):

Public Accounting

- ☐ CPA Firm - Sole Proprietorship (one CPA on staff)
- ☐ CPA Firm - Sole Proprietorship (two or more CPAs on staff)
- ☐ CPA Firm - Local Firm (multiple owners)
- ☐ CPA Firm - Regional
- ☐ CPA Firm - National/International
- ☐ CPA Firm - Big Four

Government

- ☐ Government - City
- ☐ Government - County
- ☐ Government - Federal
- ☐ Government - State
- ☐ Government - Educational Institution
- ☐ Government - Public Utilities
- ☐ Government - Tribal

Industry

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Agribusiness | <input type="checkbox"/> General Services | <input type="checkbox"/> Mining | <input type="checkbox"/> Search Firm/Recruiters |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Health Services/Health Care | <input type="checkbox"/> Natural Resources | <input type="checkbox"/> Sustainability/Recycling |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Hospitality/Restaurant | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Business Valuation/Litigation | <input type="checkbox"/> Insurance | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Law/Legal Practice | <input type="checkbox"/> Public Utilities | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Education/Educational Institution | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Wholesale/Distribution |
| <input type="checkbox"/> Financial Services/Investments | <input type="checkbox"/> Media/Public Relations | <input type="checkbox"/> Retail Sales/Services | |



ASCPA MEMBERSHIP CLASSIFICATION

- ☐ CPA in AZ
☐ CPA In and Out-of-State
☐ CPA Out-of-State (only)
☐ Candidate (passed all 4 parts of exam)
☐ Affiliate (non-CPA)
☐ Student (full-time accounting major)
☐ CPAs, Leave of Absence
☐ CPAs, Unemployed
☐ CPAs, Retired (These individuals are completely retired from accounting practice.)

Arizona State Certificate #: _____

Issue Date: _____

Other State Certificate #/Issuing State: _____ / _____

Issue Date: _____

Reasons for joining the ASCPA (Choose all that apply):

- ☐ Information/Resources
☐ Continuing Professional Education
☐ Employer Encouraged It
☐ Job Opportunities
- ☐ Leadership Opportunities
☐ Legislative Advocacy
☐ Networking Opportunities
☐ Support Profession
- ☐ Sense of Community
☐ Referred by: (Name _____)
☐ Other _____

AGREEMENT AND PAYMENT INFORMATION

Membership Dues

The membership year runs from May 1 of the current year through April 30 of the following year.

CATEGORY	May 1- July 31	Aug 1- Oct 31	Nov 1- Jan 31	Feb 1- Apr 30
CPAs in Industry/Public Practice	\$300	\$250	\$200	\$150
CPAs in Government/Educator	225	195	165	135
CPA Candidate (passed all 4 parts of Exam)	300	250	200	150
Affiliate (Non-CPAs)	320	270	220	170
CPAs, Retired/Leave of Absence/Unemployed CPAs	80	80	80	80
Students	65	65	65	65

Please note: We reserve the right to charge the full-year membership dues to members of the Arizona Society of CPAs who cancel their membership and reinstate in the same fiscal year. If you have any questions, please contact the member services department at (602) 324-4741.

****Important Notice about Voluntary contributions to the ASCPA PAC** — The PAC enables the ASCPA to have a voice on matters affecting the profession by contributing to candidates who understand the value of CPAs and the business community. PAC contributions can not be made with a company or firm check.

One-Time Application Fee \$ _____

Dues \$ _____

*Scholarship Donation (Optional) \$ _____

**PAC Contribution (Optional) \$ _____

Total \$ _____

Contributions or gifts of income to associations are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary business expenses subject to restrictions imposed as a result of association lobbying activities. The ASCPA estimates that the non-deductible portion of your dues for the period of May 1, 2022 through April 30, 2023 is 8%.

*Contributions to the Arizona CPA Foundation for Education & Innovation are tax deductible.

Make checks payable to: **Arizona Society of CPAs**

Or ... Fax credit card payments to: **(602) 252-1511**

Your membership will auto-renew annually. We'll remind you about the upcoming payment via email. You can update your payment information or cancel your auto-renewal at any time by logging into ASCPA profile or by calling (602) 252-4144. (ASCPA is PCI Compliant) ☐ Check here if you do not wish to use auto-renewal.

MAIL TO:
Arizona Society of CPAs
4801 E. Washington St., Suite 180
Phoenix, AZ 85034

☐ M/C ☐ VISA ☐ American Express

Name on the Card _____

Card Number _____

Signature _____ Exp. Date _____

1. Are you currently a member of another state society?

☐ Yes ☐ No If yes, which state? _____

2. Are you currently a member of the AICPA?

☐ Yes ☐ No If yes, AICPA member #: _____

*The foregoing statements and information are correct to the best of my knowledge. If elected to membership, I will abide by the Society's Bylaws and CPAs' Code of Professional Ethics.

*Applicant's Electronic Signature Required

Date