



Membership Application

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

Home Street Address

City State Zip Code

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Home Phone Cell Phone Home Email Address

Gender: Male Female Date of Birth: _____ Other Credentials (MBA, PhD, etc.): _____
Used for CPE Transcripts

PROFESSIONAL PROFILE

Business/Firm Name Job Title

Business Street Address Personalized Mail Stop, Box Number, etc.

City State Zip Code

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Phone (Main Office) Direct Line Fax

Business Email Address Website Address

PREFERRED MAILING ADDRESS: HOME BUSINESS PREFERRED EMAIL ADDRESS: HOME 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

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



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

Arizona State Certificate #: _____ Issue Date: _____

Other State Certificate #/Issuing State: _____ / _____ Issue Date: _____

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

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

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	\$280	\$230	\$180	\$130
CPAs in Government/Educator	200	170	140	110
CPA Candidate (passed all 4 parts of Exam)	280	230	180	130
Affiliate (Non-CPAs)	295	245	195	145
CPAs, Retired/Leave of Absence	75	75	75	75
Student or CPAs, Unemployed	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.

One-Time Application Fee	\$ _____ 25
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, 2018 through April 30, 2019 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**

Checks submitted for payment will be processed as Electronic Funds Transfer (EFT). Funds may be withdrawn from your account as soon as the same day payment is received.

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 _____

- Are you currently a member of another state society? Yes No If yes, which state? _____
- 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 Signature _____

Date _____