Arizona Society of Practicing Accountants

ASPA Executive Secretary
813 W Elliot Rd, Ste 1
Chandler, AZ 85225

Phone: 480-782-8872
Toll Free: 1-800-393-0647
Fax: 480-361-4970

Application for Membership

Name_____ _____
Name as you wish it to appear on your Certificate **Name as it you wish it to appear on your Badge**

Address _____

Firm _____ **Bus Phone** ( ) _____
Fax Phone ( ) _____
Are you: ___Sole Practitioner ___Partner **Home Phone** ( ) _____
___ Officer ___Employee **E-Mail** _____

Membership

Active*	Annual Dues	Associate	Annual Dues
(Must be in public practice)			
___ CPA (#_____)	**$99**	___ Accountant not in public practice	**$99**
___ PA (#_____)	**$99**	___ Employee of member	**$40**
___ EA (#_____)	**$99**	___ Student	**$15**
___ Accountant	**$99**	___ Commercial	**$300**
___ Managing Employee	**$99**	___ Member in Tax Practice **[**]**	**$50**

Years in practice _____

Active Members must achieve 80 hours of continuing education credits every two (2) years to maintain active membership.

Are you credentialed by the Accreditation Council for Accountancy & Taxation as an:

Accredited Business Accountant _____Yes _____ No
Accredited Tax Preparer _____Yes _____ No
Accredited Tax Advisor _____Yes _____ No
Accredited Elder Care Specialist _____Yes _____ No

Are you a member of the National Society of Accountants? ____Yes ____No

Other Accreditations:

I enclose Annual Dues of $_____ plus $10.00 (one–time initiation fee)[waived] = $_____

Payment of the first year's dues is required at time of application. Dues for the following year will be prorated to the end of the fiscal year (May 31st).

Chapter Affiliation

I would like to be affiliated with the following Chapter: (Please check one)

_____ Cochise
_____ East Valley
_____ Mohave
_____ Phoenix
_____ Northern Arizona
_____ Tucson
_____ Verde Valley
_____ Unaffiliated

For Chapter Use

To Pay By Credit Card: __VISA __Mastercard ___American Express Billing Address of Credit Card if different from above:

_____

_____ _____
Credit Card No. **EXP DATE**

I hereby state that the accompanying statements are true to the best of my knowledge and belief. I have read and will practice in strict conformity with the Code of Ethics as presented on the reverse side of this application. I further state that I will abide by the By-Laws of the Society.

Signature of Applicant _____ Date _____

Sponsor (not a requirement) _____
Signature of referring member

The following may be contacted as to my character and ability:

Name Complete Address Phone

_____

Name Complete Address Phone

_____

Revised 11/2010