



ACTIVE & ASSOCIATE MEMBERSHIP APPLICATION

Name: _____

Name Badge: _____
Please indicate name exactly as you wish it to appear on your badge.

Mailing Address: _____

Cell #: _____

Work #: _____

Fax #: _____

Email: _____

Chapter approval required for Associate members: _____
Authorized Chapter Representative

Active: Persons actively engaged in the field of tax preparation and consultation as defined in Treasury Circular 230.

Enrolled Agent #: _____

CTEC #: _____

PTIN #: _____

CPA or Attorney #: _____

ACAT accredited: Accountancy Taxation Both

Referred by: _____

I hereby state that the accompanying statements are correct to the best of my knowledge and belief. I further state that I will abide by the Bylaws of the Society and will practice in strict conformity with the Code of Ethics adopted by the Society.

Applicant Signature: _____

Date: _____

Payment must accompany application: New Member Rates: \$175 plus \$25 initiation/application fee

Check #: _____ Date: _____ Amount: _____

Credit Card Information: Visa MasterCard American Express

Credit Card #: _____ Expiration Date: _____

Signature: _____ Security Code: _____

Chapter Affiliation: If you would like to be affiliated with a local chapter, please indicate here:

- Central Valley East County SD Greater Long Beach Inland Empire Los Angeles
 North San Diego Orange County Sacramento San Diego San Francisco Bay
 San Gabriel Valley San Jose South Orange County Temecula Valley
 Wine Country Member-at-Large