



**The Alabama Society of CPAs
2019-2020 Membership Application**

Membership Categories and Annual Dues

FULL MEMBERS

(Includes Public, Business and Industry, Governmental, Education and Retired Members)

Persons who hold a valid and unrevoked certificate as a Certified Public Accountants issued by the Alabama State Board of Public Accountancy or who hold a valid and unrevoked certificate issued by another state (or jurisdiction) Board of Public Accountancy. Members enjoy all rights and privileges of the organization.

Public Accounting	\$195
Business and Industry	\$185
Government and Education	\$165

OUT OF STATE MEMBERS **\$120**

Persons who hold a certificate (in any state), and do not live in the state of Alabama.

ASSOCIATE MEMBERS **\$100**

Persons who are actively pursuing sitting for the Uniform Certified Public Accountant exam or anyone affiliated with the accounting profession. Associate members have no voting privileges; are not eligible to hold any office in the Society; and are not subject to Articles 2.7.3 and 2.8 of the bylaws.

RETIRED & UNEMPLOYED MEMBERS **\$30**

STUDENT MEMBERS **Free**

Persons who are enrolled at an accredited college or university, have attained junior standing and beyond, and have a declared major in accounting, or are taking a concentration in accounting. The student dues are free each year until graduation.

A one-time application fee of \$25 is also required (except students).

The ASCPA fiscal year is May 1- April 30.



Alabama Society of CPAs
 PO Box 242987
 Montgomery, Alabama 36124-2987
 Phone (334) 834-7650 Fax (334) 834-7603

MEMBERSHIP APPLICATION

NAME (LAST NAME, FIRST NAME, MIDDLE NAME)				PREFERRED NAME	
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP	
HOME PHONE #	OFFICE PHONE #				
CELL PHONE #	DATE OF BIRTH	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	CREDENTIALS		
MINORITY GROUP (optional)			E-MAIL ADDRESS		
Firm/Company Information					
FIRM/COMPANY NAME			JOB TITLE		
MEMBER TYPE <input type="checkbox"/> PUBLIC ACCOUNTING <input type="checkbox"/> INDUSTRY <input type="checkbox"/> GOVERNMENT or EDUCATION <input type="checkbox"/> RETIRED or UNEMPLOYED <input type="checkbox"/> OUT OF STATE <input type="checkbox"/> STUDENT					
MAILING ADDRESS (PO BOX)		CITY	STATE	ZIP	
STREET ADDRESS		CITY	STATE	ZIP	
				FIRM PHONE NUMBER	
PREFERRED MAILING ADDRESS (check one) <input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME					
Education					
COLLEGE					
DEGREES OBTAINED					
STATE GRANTING CPA CERTIFICATE	CERTIFICATE NUMBER	CERTIFICATE DATE	CURRENT LICENSE STATUS Active _____ Inactive _____		
ALABAMA RECIPROCAL CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO	Reciprocal Certificate Number		Date of Reciprocal		
Membership Type					
<i>Choose One</i>	Public Accounting	\$195	_____		
	Business and Industry	\$185	_____		
	Government and Education	\$165	_____		
	Out of State	\$120	_____		
	Associate	\$100	_____		
	Retired or Unemployed	\$30	_____		
	Student	FREE	_____		
	CHAPTER DUES (first year only is free)		Free	Free _____	
	APPLICATION FEE (\$0 for students)	\$	25	_____	
	TOTAL		_____		
Check: Make checks payable to "ASCPA"					
Credit Card:	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	
Account No. _____					
Expiration Date _____					
Signature _____					
My signature below indicates that I agree to abide by the ASCPA Bylaws and Code of Ethics.					
DATE	SIGNATURE				
Would you like to receive text messages from the ASCPA? Yes please send (check all that apply) <input type="checkbox"/> Notice of cancellations or important alerts like inclement weather about my event registration. <input type="checkbox"/> Notice of upcoming CPE events related to my fields of interest. <input type="checkbox"/> Notice of meeting dates for my preferred chapter. <input type="checkbox"/> Notice when my membership renewal is due. *Reply STOP to cancel, HELP for help, Msg&Data rates may apply					



Want to get involved with the ASCPA but aren't sure how? Or where you might fit in? Help us find a home for you by indicating your answers below. Questions? Call 334.834.7650.

ASCPA VOLUNTEER FORM

NAME _____

ORGANIZATION _____

OFFICE PHONE _____ CELL PHONE _____ EMAIL _____

I'm a CPA in:

- PUBLIC ACCOUNTING
- BUSINESS and INDUSTRY
- EDUCATION
- GOVERNMENT
- RETIRED/UNEMPLOYED

I'm interested in volunteering:

- CHAPTER
- COMMITTEE (circle one)
 - EDUCATION
 - STATE TAXATION
 - FEDERAL TAXATION
 - AUDIT
 - CPA PAC
 - ETHICS
 - PEER REVIEW PROFESSIONAL STANDARDS
 - DIVERSITY and INCLUSION
- YOUNG CPA CABINET (by application each January)
- BOARD OF DIRECTORS (through nomination each January)
- CPE TASK FORCE (help plan specific individual conferences and overall education program)
- YOUNG CPA CLASSROOM BLITZ (high school outreach each November)
- TAX HOTLINES (each February)
- CPE SPEAKER/WEBINAR SPEAKER/ON-SITE CPE ADMINISTRATOR
- YCPA CHARITY GOLF TOURNAMENT
- KEY PERSON CONTACT (support ASCPA's advocacy efforts at state and federal levels)
- PROFESSIONAL ARTICLES (CONNECTIONS magazine, weekly digital newsletter)