

THE IDAHO ASSOCIATION OF PUBLIC ACCOUNTANTS

Affiliate member of National Society of Accountants

P.O. Box 1106

Hailey, ID 83333

Toll Free 1-888-866-2160 Fax (208) 788-9530

Visit us at: www.iapacct.com

Desiring to become a member of the **IDAHO ASSOCIATION OF PUBLIC ACCOUNTANTS**, I hereby make application for membership, and if accepted, will abide by the By-Laws.

PLEASE TYPE OR PRINT BELOW

Applicant's Name _____ Home Phone _____

Residence Address _____ City _____ State _____ Zip _____

E-mail address _____ Work Phone _____

Firm Name (If any) _____ Fax _____

Business Address _____ City _____ State _____ Zip _____

Sole Practitioner _____ Partner _____ Corporate Officer _____ Employee _____

Preferred mailing address: Office Address _____ Residence Address _____

Application is being made for Full _____ Associate _____ Fully Retired _____ membership

1.) Are you a Certified? _____ Licensed? _____ or Enrolled Agent?" _____

If yes, number _____

2.) ACAT Credentialed? List _____

3.) Do you possess a Baccalaureate Degree in Accounting? _____ An Associate Degree? _____

Please also note number of quarter/semester hours in accounting _____

Number of years in public accounting? _____ Have you ever been a member of IAPA? _____ Are you a current member of NSA? _____ Do you spend most of your time in Public Accounting? _____ If not, explain on reverse side.

Are you engaged in any other trade, business or profession? _____ If yes, explain on reverse side.

Is your practice connected directly or indirectly with an accounting or tax franchise operation? _____

If yes, explain on reverse side.

Give two references:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name of member(s) who knows you _____

I am willing to serve on the _____ Membership _____ Education _____ State Affairs Committee _____ Board of Directors

If accepted for membership, I will abide by the By-Laws.

Date _____ Signature _____

Approved this _____ day of _____, 20_____

Full Membership	\$85.00
Associate	\$50.00
Fully Retired	\$42.50
Student Membership	\$20.00

Check enclosed for \$ _____

Important Note: Full membership requires a copy of your professional stationery and/or a business card which MUST accompany this application.