

THE IDAHO ASSOCIATION OF PUBLIC ACCOUNTANTS

Affiliate member of National Society of Accountants

7721 W. Settlers Ave. Boise, ID 83704-5822

208-322-0188

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 _____

Web site address: _____

Firm Name (If any) _____ Fax _____

Business Address _____ City _____ State _____ Zip _____

Sole Practitioner _____ Partner _____ Corporate Officer _____ Employee _____

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

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

PTIN Number _____ License 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_____

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

Full Membership	\$85.00
Associate Member	\$50.00
Fully Retired	\$42.50
Student Member	\$20.00
Check enclosed for: \$ _____	