FOR OFFICE USE: _____

FICPA MEMBERSHIP APPLICATION

IA

Join online at www.ficpa.org, or return this form with your check to FICPA, P.O.Box 5437, Tallahassee, FL 32314

YOUR MEMBER PROFILE

Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Firm or Employer: _____

Title: _____

Firm Address: _____

PO Box: _____

City/State/ZIP: _____

Firm Phone: _____ Direct Line: _____

Date of Birth: ____ /____/____

Are you a Florida-licensed CPA?
❑ Yes ❑ No

Licensure Date: ____ /____/____

Licensure Number: _____

Are you licensed in another state?
❑ Yes ❑ No

State of original Licensure: _____
(If other than Florida)

Licensure Date: ____ /____/____

Licensure Number: _____

Dues Payment: $ _____

Florida CPA/PAC (voluntary): $ $25

FICPA Educational Foundation (voluntary): $ $50

TOTAL: $ _____

Bill me separately for:

❑ CPA/PAC: $ _____ ❑ Educational Foundation: $ _____

METHOD OF PAYMENT

❑ Charge my: ❑ VISA ❑ MasterCard ❑ American Express ❑ Discover

Exp. Date: ____ / ____ Card Validation Code: (3 or 4 digit code located on the credit card) ____

Name as it appears on card: _____

Signature: _____

❑ Check (Please make check payable to FICPA)

By submitting this application, I affirm that I have read, understand and qualify for the category I have selected as defined in the full category description on www.ficpa.org.

I hereby certify that the information on this application is correct to the best of my knowledge and belief; I have never been convicted by any court or other body of a felony or misdemeanor, under the laws of a state or of the United States or in any jurisdiction; and that I have never been suspended or expelled from any professional organization and I agree to abide by the Articles of Incorporation and Bylaws of the FICPA as they exist now or may be modified in the future. (If you have been convicted, suspended, or expelled, please attach statement giving details).

Signature: _____ Date: _____

What Category Am I In?

Please see full category descriptions at www.ficpa.org.
Check the appropriate category below.

Regular Members

Any individual who is a licensed Certified Public Accountant of any state or territory of the United States or the District of Columbia who works or resides in Florida. This classification includes voting rights, chapter and Section membership, and is eligible to serve on Board of Governors, standing and general committees, section committees, and task forces.
Dues amounts are valid through 6/30/13.

❑ **Partner/Owner/Officer** — $310
(public practice or industry)

Staff
❑ certified 5 years or more — $295
❑ certified less than 5 years — $210

Government or Education
❑ certified 5 years or more — $245
❑ certified less than 5 years — $195

❑ **Retired** — $ 70
See full description.

❑ **Accounting Educator**
Any individual engaged in accounting education on a full-time basis in the State of Florida. This classification includes chapter and Section membership, and committee participation, but not voting rights unless the member is a CPA and works in Florida.
Dues: $135

❑ **Non-Resident Member**
Any individual who is a Certified Public Accountant of any state or territory of the United States or the District of Columbia and is domiciled outside the state of Florida.
Dues: $200

❑ **Associate Member**
Any professional staff employee who is engaged in an accounting capacity and is supervised by a FICPA Regular member on a substantially full-time basis and is sponsored by said member. **Dues: $135**

❑ **Professional Affiliate Membership**
Any person who has a professional relationship with a Florida Certified Public Accountant and does not hold a certificate as a Certified Public Accountant. **Dues: $340**

❑ **Student Affiliate/Exam Qualified**
A student attending a Florida accredited college or university who has declared a major in accounting and has never received a bachelor's degree in accounting, or a graduate student, MBA, or PhD who has not yet received a CPA certificate, is in the process of taking the CPA Exam or has the intent to take the CPA Exam within two years, and is not working as an Accountant and/or in an accounting capacity. **Complimentary**

❑ **Non-CPA Firm Administrator/ Office Manager**
An individual who is designated as a firm administrator or office manager for an entity and who does not hold a certificate as a CPA and does not otherwise qualify for a different category of membership. The entity must be represented in membership of the Institute in at least one other category of membership.
Complimentary