



A **Professional Affiliate** membership is reserved for affiliated suppliers who provide relevant and complementary services or products to the accounting and finance profession. Such individuals are not CPAs nor employed at public accounting firms. They are not actively engaged in the accounting profession but have an interest in the activities of the Association, including access to resources, programs, services, relationships, and information.

The **Professional Affiliate** must provide a letter of recommendation from a Florida CPA who is a current member in good standing. The FICPA reserves the right to reject any Professional Affiliate application.

The classification includes chapter membership for the individual\* listed on the application, is non-voting and has access to all benefits of membership except for the Member Directory and FICPA Connect.

As a non-voting member, Professional Affiliates are not eligible to hold a leadership position.

*\*membership can be transferred to another individual 1X within a year. Membership remains with company.*

### Membership Profile

Company/Corporation: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Product/Service Type: \_\_\_\_\_

Name/Nickname: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Direct Line: \_\_\_\_\_

### Membership Dues: \$495\*

\*Membership is good for one year from date of activation.

### Method of Payment:

**Check: Make check payable to "FICPA"** (to Tallahassee address below)

**Credit Card:**  **Visa**  **MasterCard**  **American Express**  **Discover**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Verification Value Code (CVV): \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Letter of Recommendation Attached or email to [membership@ficpa.org](mailto:membership@ficpa.org)

By submitting this application, I affirm that I have read, understand and qualify for the Professional Affiliate category as defined in description above. I hereby certify that the information on this application is correct to the best of my knowledge and belief; I agree to abide by the Articles of Incorporation, Bylaws and Statement of Policy of the FICPA as they exist now or may be modified in the future.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_