



FILIPINO-AMERICAN ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS

MEMBERSHIP APPLICATION/RENEWAL FORM

Notice: FAACPA may share this information with affiliate FAACPA Educational Fund.

PERSONAL DATA

NAME: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELLPHONE _____

EMAIL/S _____

LATEST EMPLOYMENT DATA

EMPLOYER _____

JOB TITLE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

EDUCATION

	SCHOOL	DEGREE/MAJOR
GRADUATE	_____	_____
COLLEGE	_____	_____
HIGHSCHOOL	_____	_____
OTHER	_____	_____
OTHER	_____	_____

HOBBIES/SPECIAL INTERESTS

LICENSES AND PROFESSIONAL MEMBERSHIP

<u>ISSUED BY</u>	<u>LICENSE/CERT. NO.</u>	<u>DATE ISSUED</u>
PHILIPPINES	_____	_____
WASHINGTON	_____	_____
Other: _____	_____	_____
AICPA Member No. _____ WSCPA Member No. _____		
Other professional membership _____		

MEMBERSHIP TYPES AND ANNUAL FEES:

- REGULAR** – **\$50.00** **RETIRED** – **\$25.00**
Certified Public Accountants in any state, territory or possession of the United States, or who have qualified as Certified Public Accountants in the Philippines, or as Chartered Accountants or similar CPA designation in any country or jurisdiction

- AFFILIATE** – **\$25.00**
Persons who are not eligible for regular or student membership and hold position of responsibility or have proven track records in the accounting and other related industries

- STUDENT** – **\$20.00**
Individuals who are enrolled as students in any four year-accredited college or university who are at least in junior level status majoring in accounting

CERTIFICATION

I certify to the best of my knowledge and belief that I have given complete and accurate information and agree to notify FAACPA any changes occurring subsequent to the submission of this application. I agree that, if admitted to membership, I will abide by FAACPA's bylaws and regulations

Signature: _____ Date: _____

(Make check payable to FAACPA. Mail form to: FAACPA, P.O. Box 2035, Seattle, WA 98111)