

ALABAMA ASSOCIATION OF ACCOUNTANTS AND TAX PREPARERS
MEMBERSHIP APPLICATION
(Membership year: July 1, 2019 - June 30, 2020)

Name _____ Position _____
(Show your name as it is to appear on your Membership Certificate)

Mailing Address _____

City _____ State _____ Zip _____

Company Name _____ Phone _____

Website _____

Email _____

Accounting Information

Please indicate which of the following applies to you and state your Registered Number and State.

Registered Accountant CPA Enrolled Agent Accounting Firm Employee

PTIN# _____

Number of Years Experience in Accounting _____ Public Practice _____

University or College Attended _____

Degree(s) _____

Other professional accounting/business organization in which you now hold membership:

Who contacted you concerning membership? _____

(Check) Full Membership **\$100.00**
 Associate/Student Membership **\$30.00**

APPLICANT'S DECLARATION

I hereby state that the accompanying statements are correct to the best of my knowledge and belief. I further state that I will abide by the Constitution and By-Laws of the Association and will practice in strict conformity with the Code of Ethics and rules of the Professional Conduct adopted by the Association.

Signature of Applicant _____ Date _____

Mail w/payment to:

Alabama Association of Accountants
2705 Artie Street – Suite 27
Huntsville, AL 35805
1-888-829-7225
www.aaoatp.com

