

**HOW TO APPLY**

Please complete and sign this application; payment should include a \$25 application fee and membership dues in accordance with the schedule provided (checks made payable to the MSCPA). If you would prefer to apply online, please visit our Web site at MSCPAonline.org. If you have any questions, please call the Member Services department at 617.556.4000 or 800.392.6145.

We look forward to having you as a member and know that you will value your membership as a vital asset to your accounting career. Thank you for joining.

**PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender:  Male  Female

Preferred Mailing Address:  Home  Office

Member of AICPA:  Yes  No

AICPA Member Number \_\_\_\_\_

Alma Mater \_\_\_\_\_

Special Needs/ADA: \_\_\_\_\_

**BUSINESS INFORMATION**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Mail Stop \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Extension \_\_\_\_\_

Direct Office Phone \_\_\_\_\_

Office Fax \_\_\_\_\_

Preferred E-Mail Address \_\_\_\_\_

Business Web site Address \_\_\_\_\_

Please check one.

**PUBLIC ACCOUNTING**

- CPA Firm (One Owner)
- CPA Firm (Multiple Owners)
- Regional CPA Firm
- National CPA Firm
- CPA Firm – Big4

**GENERAL INDUSTRY/OTHER**

- Agribusiness
- Banking Institutions
- Biotech
- Business Services
- Communications/Media
- Computer Related Services
- Construction
- Financial/Investment Planning
- Health Care
- High Tech
- Hospitality/Leisure
- Import/Export
- Insurance
- Legal
- Management Consulting
- Manufacturing-General
- Non-Profit

- Public Utilities
- Real Estate
- Retail Sales/Service
- Transportation
- Wholesale
- Other (Specify): \_\_\_\_\_

**GOVERNMENT AGENCY**

- Government-Federal
- Government-State
- Government-Local

**EDUCATIONAL INSTITUTION**

**POSITION INFORMATION: FULL-TIME**

- |  |  |
|--|--|
| <input type="checkbox"/> Attorney                                  | <input type="checkbox"/> Manager           |
| <input type="checkbox"/> CEO                                       | <input type="checkbox"/> Managing Partner  |
| <input type="checkbox"/> CFO                                       | <input type="checkbox"/> Middle Management |
| <input type="checkbox"/> Consultant                                | <input type="checkbox"/> President         |
| <input type="checkbox"/> Controller                                | <input type="checkbox"/> Retired           |
| <input type="checkbox"/> COO                                       | <input type="checkbox"/> Senior            |
| <input type="checkbox"/> Corporate Officer                         | <input type="checkbox"/> Senior Management |
| <input type="checkbox"/> Director                                  | <input type="checkbox"/> Sole Proprietor   |
| <input type="checkbox"/> Faculty                                   | <input type="checkbox"/> Supervisor        |
| <input type="checkbox"/> Firm Administrator                        | <input type="checkbox"/> Staff             |
| <input type="checkbox"/> General Partner/<br>Principle/shareholder | <input type="checkbox"/> VP Finance        |
|  | <input type="checkbox"/> Other _____       |

**CERTIFICATION INFORMATION**

Certified in Massachusetts:  Yes  No

MA CPA License Number \_\_\_\_\_ Date of Certification \_\_\_\_\_

Do you hold a current MA CPA license:  Yes  No

Expiration Date of License: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other State CPA Certification \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Recent Exam Passer:  Yes  No

State \_\_\_\_\_ Month/Year \_\_\_\_\_

**REASON FOR JOINING**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PAYMENT INFORMATION**

Dues \$ \_\_\_\_\_ Application Fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Credit Card Type:  
Master \_\_\_\_\_ Visa \_\_\_\_\_ Am.Ex. \_\_\_\_\_

Credit Card# \_\_\_\_\_

Expiration date: mm/yy \_\_\_\_/\_\_\_\_

Name on Credit Card \_\_\_\_\_

**SOCIETY OATH**

If elected I agree to abide by the bylaws of the Society and its code of professional conduct. These bylaws and code can be found on: [www.msccaonline.org/about/membership/bylaws.php](http://www.msccaonline.org/about/membership/bylaws.php)

Signature \_\_\_\_\_

Date \_\_\_\_\_