



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 Mobile Phone

Date of Birth

Gender:
 Male Female

Preferred Mailing Address:
 Home Office

Can we fax information to you?
 Yes No

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

105 Chauncy St, 10th Floor

Boston, Massachusetts 02111

**Tel: 617.556.4000 or 800.392.6145
Fax: 617.556.2995**

- ___ Wholesale
- ___ Other (Specify)-----

GOVERNMENT AGENCY

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

EDUCATIONAL INSTITUTION

POSITION INFORMATION (Full-Time)

- Attorney
- CEO
- CFO
- Consultant
- Controller
- COO
- Corporate Officer
- Director
- Faculty
- Firm Administrator
- General Partner/
- Manager
- Managing Partner
- Middle Mngmnt
- President
- Retired
- Senior
- Senior Mngmnt
- Sole Proprietor
- Supervisor
- Staff
- VP Finance
- Principal/Shareholder Other _____

CERTIFICATION INFORMATION

Certified in Massachusetts
 Yes No

MA CPA License Number

Date of Original Certification

Expiration Date of MA License:
___/___/___

Other State CPA Certification - State / Date of

Recent Exam Passer: Yes No

State Month /Year

REASON FOR JOINING

PAYMENT INFORMATION

Dues \$ ___ Application Fee \$ ___ Total \$ ___

Credit Card Type:

Mastercard ___ Visa ___ Amex ___

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:

http://www.mscaonline.org/about_us/society_bylaws

Signature

Date