

MSCPA MEMBERSHIP APPLICATION

First Name _____ MI _____ Last Name _____

Credential(s) ABV CFF CFP CGMA CITP JD PFS Other _____ Male Female

Home Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Email Address _____ Alt. Email Address _____

Preferred mailing address Home Office

Member Directory

Society members can use the member directory to search for other members by name, industry and/or city.

Members must opt-in to display their email address.

- Show my information in the member directory Yes No
- Show my email address in the member directory Yes No

Social Media

If provided, this information will display in the member directory.

Facebook e.g. <http://www.facebook.com/> _____

Twitter e.g. <http://twitter.com/> _____

LinkedIn e.g. <http://www.linkedin.com/> _____

Business Information

Business Type Public Accounting Industry

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Office Phone _____ Ext. _____ Office Fax _____

Business website _____

Massachusetts Society of Certified Public Accountants, Inc.® LEARN CONNECT PROSPER

Certification Information

Certified in Massachusetts: Yes No Date of Certification _____ / _____ / _____

MA Certification Number: _____ Do you hold a current MA CPA license Yes No

Date MA License _____ / _____ / _____ MA License Expiration _____ / _____ / _____

Other State CPA Certification: State _____ Date Other State Cert. _____ / _____ / _____

AICPA Member Yes No AICPA Member # _____

Additional Information

DOB _____ / _____ / _____

Alma Mater _____

* Do you consider yourself:
(Optional)

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Pacific Island |
| <input type="checkbox"/> Black | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Prefer Not To Answer |

*The Society has adopted an initiative to enhance diversity/inclusion within Massachusetts CPA Firms. By answering this question, you will help us establish some much-needed baseline data.

Society Promise

If elected I agree to abide by the bylaws of the Society and its code of professional ethics.

Signature

Date

Payment Information

Please include your application fee and dues payment by credit card or by check made payable to MSCPA Inc.

Credit Card Type MasterCard Visa American Express

Name on Credit Card _____

Credit Card # _____

Expiration Date (MM/YY) _____ CVV Number _____

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