

FOR OFFICE USE: _____

2017-18 FICPA MEMBERSHIP APPLICATION

Join online at www.ficpa.org, or return this form with your check to FICPA, P.O.Box 5437, Tallahassee, FL 32314

YOUR MEMBER PROFILE

Name: _____

Nickname: _____ Date of Birth: ____ / ____ / ____

Home Address: _____

City/State/Zip: _____

Mobile Phone: _____ or Other: _____

Personal Email: _____

Employer: _____

Title: _____

Address: _____

P.O. Box: _____

City/State/ZIP: _____

Company Phone: _____, Ext. _____ Direct Line: _____

Office Email: _____

Preferred Mailing Address: Home Office Preferred Email: Personal Office

Are you a Florida-licensed CPA?

Yes No

Licensure Date: ____ / ____ / ____

Licensure Number: _____

Are you licensed in another state?

Yes No

State of Original Licensure: _____

Licensure Date: ____ / ____ / ____

Licensure Number: _____

Dues Payment: \$ _____

Florida CPA/PAC (voluntary): \$ 25

FICPA Educational Foundation (voluntary): \$ 50

TOTAL: \$ _____

Bill me separately for:

CPA/PAC: \$ _____ Educational Foundation: \$ _____

METHOD OF PAYMENT

Check enclosed in the amount of \$ _____, made payable to the FICPA and mailed to: FICPA, P.O. Box 5437, Tallahassee, FL 32314-5437.

To pay with a credit card, please go online at www.ficpa.org/public/join/MemberApp.aspx or call the FICPA Member Services Center at (800) 342-3197 or (850) 224-2727.

By submitting this application, I affirm that I have read, understand and qualify for the category I have selected as defined in the full category description on www.ficpa.org.

I hereby certify that the information on this application is correct to the best of my knowledge and belief; I agree to abide by the Articles of Incorporation and Bylaws of the FICPA as they exist now or may be modified in the future.

Signature: _____ Date: _____

What Category Am I In?

Please see full category descriptions at www.ficpa.org. Check the appropriate category below.

Regular Members

Any individual who is a licensed Certified Public Accountant of any state or territory of the United States or the District of Columbia who works or resides in Florida. This classification includes voting rights, chapter membership, and is eligible to serve on Board of Governors, standing and general committees, and task forces.

Dues amounts are valid through 6/30/18.

Company Officer/Firm Partner/Owner (public practice, business or industry) **\$335**

Staff (public practice, business or industry)
 certified 5 years or more **\$320**
 certified less than 5 years **\$235**

Government or Education

certified 5 years or more **\$270**
 certified less than 5 years **\$220**

Retired **\$90**
See full description. Requires signed affidavit.

Accounting Educator
Any individual engaged in accounting education on a full-time basis in the State of Florida. This classification includes chapter membership, and committee participation, but not voting rights unless the member is a CPA and works in Florida.
Dues: \$160

Non-Resident Member
Any individual who is a Certified Public Accountant of any state or territory of the United States or the District of Columbia and is domiciled outside the state of Florida.
Dues: \$225

Associate Member
Any individual working in a professional accounting/finance capacity, who does not hold a certificate as a CPA and does not qualify for another category of membership:
Dues: \$160

Professional Affiliate Membership
See separate application.

Student Affiliate/Exam Qualified
See separate application.

Non-CPA Office Administrator/Manager/HR
An individual who is designated as a firm administrator or office manager for an entity and who does not hold a certificate as a CPA and does not otherwise qualify for a different category of membership. The entity must be represented in membership of the Institute in at least one other category of membership.
Complimentary