



Membership Application - Part 1 of 2

It's easier to apply online! Just go to www.macpa.org and click on the "JOIN" button.

Personal & Demographic Profile

What is your classification?

- CPA Candidate (post-college, not yet licensed)
- CPA (Received License #): License No. _____ Effective Date _____
 Date Passed CPA Exam _____ Issuing State _____

Please print or type your name as it should appear on your MACPA membership certificate/card:

Mr. Ms.

First	Middle Initial	Last Name (Jr., Sr., etc.)	Nickname

Home Address (City/State/Zip, include Apt #)	Home Phone (include area code)	Date of Birth
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Preferred Mailing Address: Home Business Other credentials (Ph.D., MBA, etc.) _____

Gender: Female Male

Race (optional): African American American Indian Asian Caucasian East Indian Latino Other: _____

Professional Profile

Business Name	Business Address (City/State/Zip)
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Phone (main office - include area code)	Phone (direct line - include area code)	Preferred e-mail
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Education:

College/Yr. Graduated	Graduate School/Yr. Graduated
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General Business Type (please choose one): Education Government Industry Legal Public Accounting Other _____

Current Position: (please choose the title closest to your position)

- | | | |
|---|--|---|
| <input type="checkbox"/> Accountant / Accounting Staff
<input type="checkbox"/> Administrator / Director
<input type="checkbox"/> Analyst
<input type="checkbox"/> Attorney
<input type="checkbox"/> Auditor / Auditing Staff
<input type="checkbox"/> CEO / CFO / President
<input type="checkbox"/> College Professor | <input type="checkbox"/> Consultant / Consulting Services
<input type="checkbox"/> Controller / Comptroller
<input type="checkbox"/> Educator / Teacher
<input type="checkbox"/> Executive Officer
<input type="checkbox"/> Financial Planner
<input type="checkbox"/> Firm Administrator
<input type="checkbox"/> Full-Time Student
<input type="checkbox"/> High School Teacher
<input type="checkbox"/> Human Resources | <input type="checkbox"/> Leave-of-Absence from Work
<input type="checkbox"/> Manager / Supervisor / Senior
<input type="checkbox"/> Managing Partner / Person-in-Charge
<input type="checkbox"/> Partner / Principal / Shareholder
<input type="checkbox"/> Retired
<input type="checkbox"/> Sole Practitioner
<input type="checkbox"/> Other |
|---|--|---|

Specific Business Type: (please choose one)

- | | | |
|--|--|--|
| <input type="checkbox"/> A/P Vendor
<input type="checkbox"/> Advertising / Marketing
<input type="checkbox"/> Agribusiness
<input type="checkbox"/> Business Services
<input type="checkbox"/> Communications / Media
<input type="checkbox"/> Computer
<input type="checkbox"/> Construction
<input type="checkbox"/> Consulting
<input type="checkbox"/> Distributorship
<input type="checkbox"/> Education
<input type="checkbox"/> Employee Benefits | <input type="checkbox"/> Entertainment & Hospitality
<input type="checkbox"/> Extractive - Mining / Oil / Gas
<input type="checkbox"/> Financial Institution - Bank/S&L
<input type="checkbox"/> Financial Services
<input type="checkbox"/> Food / Beverage
<input type="checkbox"/> Government - Federal
<input type="checkbox"/> Government - State & Local
<input type="checkbox"/> Health Care
<input type="checkbox"/> Health Services | <input type="checkbox"/> Insurance
<input type="checkbox"/> International Accounting
<input type="checkbox"/> Law Firm
<input type="checkbox"/> Leasing
<input type="checkbox"/> Local Accounting Firm
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Media
<input type="checkbox"/> National/International Firm
<input type="checkbox"/> Nonprofit / Association
<input type="checkbox"/> Publishing / Printing
<input type="checkbox"/> Real Estate
<input type="checkbox"/> Regional Firm |
| <input type="checkbox"/> Retail
<input type="checkbox"/> Search Firms / Recruiters
<input type="checkbox"/> Sole Practitioner
<input type="checkbox"/> Technology
<input type="checkbox"/> Telecommunications /Electronics
<input type="checkbox"/> Transportation
<input type="checkbox"/> Utilities
<input type="checkbox"/> Waste Management
<input type="checkbox"/> Wholesale
<input type="checkbox"/> OTHER: _____ | | |

Membership Information:

*Have you previously been an MACPA member? Yes No If yes, what year? _____

Are you a member of another state society? No Yes If yes, which State? _____

Are you a member of AICPA? Yes No If yes, please provide membership number: _____

Please list your other professional/business memberships: _____

***PLEASE NOTE: Past MACPA members who were terminated for non-payment of dues, are required to pay a \$25 reinstatement fee in addition to the annual dues payment.**

If you are a current member of MACPA and do not wish to renew your membership, please contact us to RESIGN as a "member in good standing". Should you decide to rejoin in the future, you will NOT be required to pay a \$25 reinstatement fee.

New Members:

Our fiscal year runs from July 1 through June 30. Please contact the member service center for pro-rated dues amounts.

Category	Annual Dues
Government	\$280
Industry	
Out-of-State	
Partner/Practitioner	
Staff	
Educators	\$155
First Fiscal Year	
Leave of Absence	
Retired	
CPA Candidate member (Post college; not yet passed CPA exam)	\$25

The following statement is required by the IRS:
 Contributions or gifts made to this Association are not deductible as charitable contributions for Federal income tax purposes. However, payments of membership dues are deductible for most members of a trade association under Section 162 of the Internal Revenue Code as an ordinary and necessary business expense.

Membership Application - Part 2 of 2

Communications Profile

E-mail is an essential communications tool to between members and MACPA. All confirmations are sent via e-mail (unless a member does not provide MACPA with a current e-mail address). Please provide the e-mail address that you use regularly and be sure to inform MACPA of changes.

E-mail address _____

Web site address (if applicable) _____

Please provide your preferred fax location and number:

Number (include area code): _____ Main office fax Direct line Home

Field of Interest:

(you may circle up to nine)

- Accounting
- Auditing
- Business Management
- Business Valuation
- Change Management
- Communication Skills
- Consulting Services
- Corporate Finance
- Education
- ESOP
- Ethics
- Estate & Tax Planning
- Finance
- Financial Planning

- Financial Services
- GASB - Yellow Book
- Government
- Health Care
- HR/Employment Practices
- Industry
- Investments
- Leadership
- Legal
- LLCs
- LLPs
- Litigation Support Services
- Management
- Nonprofit / Not-For-Profit
- Performance Management
- Personal Development

- Small Business
- Staff Training
- Strategic Management
- Tax
- Tax - Business & Corporate
- Tax - Entities
- Tax - Federal
- Tax - Multi-state
- Tax - Retirement Planning
- Tax - S Corporations
- Tax - State & Local
- Tax - Tax Law
- Taxation - Payroll
- Taxation
- Technology

Chapter Information (Your membership includes one of the following chapters; please indicate your choice, otherwise your chapter designation will be based on your home address)

- Anne Arundel County (Annapolis, Crofton, Gambrills, Glen Burnie, Severna Park, Pasadena, etc.)
- Capital Area (VA/DC areas, Rockville, Bethesda, Gaithersburg, Silver Spring, Beltsville, etc.)
- Central Maryland (Bel Air, Aberdeen, Towson, Lutherville/Timonium, Columbia, Owings Mills, Parkton, North East, etc.)
- Eastern Shore (East of Bay Bridge)
- Mid-Maryland (Mt. Airy, Frederick, Hagerstown, etc.)
- Southern Maryland (Waldorf, Clinton, LaPlata, Upper Marlboro, Lexington Park, etc.)
- Western Maryland (Cumberland, Frostburg, Oakland, McHenry)

Reasons for joining MACPA

(please choose one)

- Advocacy
- Employer encouraged it
- Prestige
- Leadership opportunities
- Support the profession
- Current information
- Resources
- Networking opportunities
- Continuing professional education
- Other _____

Agreement & Payment Information

If admitted to the MACPA, I agree to abide by the bylaws and rules of professional conduct.

Applicant's Signature _____

Date _____

There is a one-time application fee of \$35. Dues are a flat rate of \$155 for the first fiscal year of membership, July 1 through June 30. For subsequent years, refer to the dues schedule on Part I of this application. PLEASE NOTE: Past MACPA members who were terminated for non-payment of dues are required to pay a \$25 reinstatement fee in addition to the annual dues payment.

Payment Type: Personal Firm/Company

Payment Method: Check payable to MACPA Credit Card: VISA MasterCard AMEX Express

Credit Card Number - - - Expiration Date - -

TOTAL AMOUNT: \$ _____

CARDHOLDER'S SIGNATURE _____

PRINT CARDHOLDER'S NAME _____

How did you hear about MACPA?

- Direct marketing (flyer, brochure, newsletter, letter, catalog, etc.)
- Referral by colleague or friend (or boss)
- Phone conversation by MACPA staff person/volunteer
- Electronic (Internet search, Web site, e-mail, fax)
- MACPA event (CPA Day, conference, meeting, career fair, etc.)
- Advertisement (radio, newspaper, conference materials, Yellow Pages)
- Other (more specific details, such as PD Catalog, PFP Conference, etc.)

Mail to: MACPA, Dulaney Center II, 901 Dulaney Valley Road, Suite 710, Towson, MD 21204-2683

Credit card applications may be faxed to 410-296-8713 or join on-line at www.macpa.org and click on JOIN button.

For more information regarding the benefits of Membership, contact Member Services at 800-782-2036 or go to www.macpa.org.

Thank You!