



# MEMBERSHIP APPLICATION

3 Convenient Ways to Apply!

- ❖ **On-line** at [www.mecpa.org](http://www.mecpa.org); choose Membership and Apply
- ❖ **Fax** to (207) 883-6211 if paying by credit card
- ❖ **Mail** this form with dues payment to: MSCPA, 153 US Route 1, Ste. 8, Scarborough, ME 04074

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home | Mailing Address \_\_\_\_\_  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 **Send E-mail to this address** (please choose only one address)

Work | Firm or Organization \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
 **Send E-mail to this address** (please choose only one address)

Position in Firm/Organization:     Partner (Shareholder)    Manager    Staff     Other title \_\_\_\_\_

### Education

Colleges or Universities attended: \_\_\_\_\_ Years Attended or Degree: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Employment

Record of employment for the past five years, including present:

Employer	City, State	Start Date	End Date	Job Title

### Certificate/Licensing Information

Do you hold a valid CPA certificate from the Maine?    Yes    No    Maine Certificate Number: CP \_\_\_\_\_

If no, provide other state(s) in which you hold a valid CPA certificate: State(s): \_\_\_\_\_ Certificate Number(s): \_\_\_\_\_

Are you an AICPA member?    Yes    No    AICPA Member Number: \_\_\_\_\_

Do you hold membership with other professional organization(s): \_\_\_\_\_

Other professional designations you've obtained: \_\_\_\_\_

Have you ever been convicted of a felonious charge?     Yes     No

I agree that, if admitted into membership, I will abide by the Bylaws and Code of Professional Conduct of the Maine Society of CPAs. I will also comply with the Bylaws regarding Peer Review and CPE as they apply to me.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Method of Payment:    Check to MSCPA (see the reverse side for dues structure)    3-4 digit CVV Code: \_\_\_\_\_ (required for processing)

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ (mm/yy)

Name on Card \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

Credit Card Statement mailing address: \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ACTION BY BOARD OF GOVERNORS**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Action: \_\_\_\_\_ Signed by: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_