



**FILIPINO AMERICAN ASSOCIATION
OF CERTIFIED PUBLIC ACCOUNTANTS**

**P.O. BOX 2035
SEATTLE, WA 98111**

MEMBERSHIP APPLICATION FORM

PERSONAL DATA

NAME: _____

HOME ADDRESS _____

City _____ State _____ Zip _____

Contact Telephone Number _____

Mobile Phone Number _____

E-Mail Address _____

Employment Data

Employer _____

Job Title _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

E-Mail Address _____

EDUCATION

Degrees, majors and schools attended:

Graduate _____

Undergraduate _____

High School _____

LICENSE AND MEMBERSHIP INFORMATION

Washington License and/or Certificate No. _____ Date Issued _____

Other License/Certificate No. _____ State _____ Date Issued _____

Philippine License/Certificate No. _____ Date Issued _____

AICPA Member No. _____ WSCPA Member No. _____ (Chapter) _____

Other Professional Memberships _____

MEMBERSHIP TYPES

REGULAR

Certified Public Accountants in any state, territory or possession of the United States, or who have qualified as Certified Public Accountants in the Philippines, or as Chartered Accountants or similar CPA designation in any country or jurisdiction.

AFFILIATE

All persons who are not eligible for regular membership who meet any of the following qualifications:

- a. Those who are employed in private industry or government as accountants, auditors, finance analysts, or other equivalent positions requiring accounting, auditing or finance skills obtained through education, training or experience;
- b. Those who are eligible to sit for the CPA examination or are actively taking CPA review classes or actively pursuing CPA certification;
- c. Persons who have graduated from a four year accredited university or college with a degree in accounting;

Affiliate members have the right to vote but shall not be eligible to be an executive officer. However they can become Board Members and shall have all other rights of membership.

STUDENT - Persons enrolled as students in any four-year accredited college or university who are at least in junior level status majoring in accounting. They cannot vote and cannot run for any office.

MEMBERSHIP DUES

REGULAR - \$ 35.00 for initial (\$30 for renewal due every January 15)

RETIRED REGULAR, AFFILIATE and STUDENT - \$ 15.00 for initial (\$10 for renewal due every January 15)

I certify to the best of my knowledge and belief that I have given complete and accurate information and agree to notify the Association of any changes occurring subsequent to the submission of this application. I agree that if admitted to membership, I will abide by the Association's by laws and regulations.

Signature _____ Date _____

(Make check payable to FAACPA. Mail with form to: FAACPA, P.O. Box 2035, Seattle, WA 98111)