

Application for Membership **MAPA** Maine Association of Professional Accountants

744 Roosevelt Trail, Suite 207
Windham, ME 04062

Please show your name above as you wish it to appear on your MAPA Membership Certificate. Print or Type

Mailing address _____ City, State, Zip _____

Phone – Business _____ Fax _____ Home _____ Date of Birth _____

E-mail _____ PTIN _____

Name of Firm _____
 Sole Practitioner Partnership/LLP Corporation/LLC

Name of Partners _____

No. of Employees _____ No. of years in accounting _____ Public Practice _____

National or State Accounting Organizations in which you currently hold membership:

Persons applying for membership in the Maine Association of Professional Accountants must meet at least one of the qualifications listed below for either: Active Membership, Associate Membership, Student Associate, or Educator Associate Membership.

Active Member Qualifications

Persons in public practice applying for Active Membership must be able to meet any one of the following requirements. Please check all of the following (a. through c.) that apply to you.

- a. I possess a valid permit/license as a Public Accountant, Certified Public Accountant or such other title as may be granted under the state law for the practice of accountancy for the public. Please list your license/permit number and state.
#: _____ state: _____
- b. I am accredited as noted by the Accreditation Council for Accountancy and Taxation.
 Accountancy Taxation
- c. I am enrolled to practice before the IRS. Please list your enrollment number: # _____

Associate Member Qualifications

Persons not meeting Active Member qualifications may apply for MAPA membership as an Associate Member. Please mark the statements below which best apply to you.

- a. I am an owner of an accounting and/or tax practice firm.
- b. I am an employee of an accounting and/or tax practice firm.
- c. I am employed in government, a financial institution, private sector business, or non-profit entity, and my primary duties are in the field of accountancy.

Student Associate Member Qualifications

I am pursuing a course of study in accounting, business administration, or related subjects in a college, university or business school on a full time basis.

Educator Associate Member Qualifications

I am employed as an instructor in accounting at an accredited university, college, or community college.

Dues Investment Schedule

Annual dues are payable in full in advance and are in effect until June 30 – the end of MAPA's fiscal year.

Type of Membership	Annual Dues
Active Membership	\$80.00
Associates Membership	\$65.00
Student Associate Membership	FREE
Educator Associate Membership	\$56.00

MAPA dues are deductible as business expenses but are not charitable contributions for federal tax purposes.

Application fee required: **\$10.00**
Membership fee \$ _____
Please enclose check for total \$ _____

I hereby state that the accompanying statements are true to the best of my knowledge and belief. I further state that I will abide by the Constitution and Bylaws of the Association and will practice in strict conformity with the Code of Ethics and Rules of Professional Conduct adopted by the Association.

Date _____ Signature of Applicant _____

IMPORTANT NOTE: A copy of your professional stationery or business card MUST accompany this application if you are applying for active membership.

Sponsor – **Required** for both active and associate applications - (Please Print)