



Independent Accountants Association of Michigan

# Membership Application

P.O. Box 398 ▪ Bath MI 48808-0398 ▪ 517-641-7501 ▪ Fax 517-641-4402

PLEASE PRINT

\_\_\_\_\_  
First Name Middle Name Last

\_\_\_\_\_  
Mailing Address City State Zipcode

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Voice Fax Email address

**Membership Categories — please check ✓ the category for which you are applying.**

**Active Member:** To be eligible to become an Active Member, persons must be individuals in public practice who are able to meet any of the following requirements (check all that apply).

- Enrolled to practice before the Internal Revenue Service (EA)
- Certified Public Accountant (CPA)
- Accredited in Accounting by the Accreditation Council for Accountancy and Taxation (ABA)
- Possess an Associates, Baccalaureate or higher degree with a minimum of 24 semester hours in accounting and/or finance related coursework at an educational institution located in the United States.  
Highest degree earned: \_\_\_\_\_  
Field: \_\_\_\_\_
- Certified Financial Planner (CFP)

Active Members enjoy all membership benefits including the right to vote.

**I consent to receiving meeting notices at the email address listed above.  Yes  No**

**Associate Member:** To be Eligible to be an associate member, applicant must be employed on a full-time basis by an Active member in good-standing in the Association who is willing to sponsor them for membership. (This application must be signed by the sponsoring member.)

Associate members enjoy all membership benefits except the right to vote.

**Education Members** are those individuals who wish to attend Association-sponsored continuing education programs at the member rate. Education members enjoy no membership benefits other than the member rate on education events. They do not have the right to vote.

**Life Members** are those who have been Active Members for at least ten (10) years, and have completely retired from public practice. Life members enjoy all the benefits of membership except for the right to vote.

**Membership Rates**

Active Membership	\$160
Associate Membership	\$ 60
Education Membership	\$ 85
Life Membership	\$ 35

**I hereby certify that the above statements are true, correct, and complete to the best of my knowledge. I further state that I will abide by the Bylaws of the Association, its Code of Ethics and Code of Professional Conduct.** Please go to [www.iaam.net](http://www.iaam.net), click 'About us' to read these documents or call 517-641-7505. Pending approval of an Active Membership application, applicant shall enjoy all the rights of membership with the exception of the right to vote.

**Payment Type**

- Check payable to IAAM enclosed
- Credit Card
  - Visa  MasterCard  Discover  Amex

Amount to be Charged/Due: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_ Date \_\_\_\_\_