



Independent Accountants Association of Michigan Membership Application

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

PLEASE PRINT

ACTIVE MEMBER SPONOR: _____
(If Applicant is Being Recruited)

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 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)
 - Owner and operator of an accounting and/or tax practice for a minimum of three (3) years.
- Active Members enjoy all membership benefits.

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 by an Active member in good-standing in the Association who is willing to sponsor them for membership. Associate members enjoy all membership benefits except the right to vote. **This application must be signed by the sponsoring Active member.**

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
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, 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 _____

Zip Code for Billing Address on Card _____

Signature: _____

Signature of Applicant _____ Date _____

Signature of Sponsor _____ Date _____