



New Mexico Society of Certified Public Accountants & Foundation for Education and Research

**Application for Membership**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Business or Firm \_\_\_\_\_

Business Address \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred Mailing Address (Check One)  Home  Business  Other

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Position  Owner  Partner  Manager  Staff

Firm Type  Corporate  Education  Government  Other

Employment Type  Public  Retired  Student

If corporate, check classification(s):

- |                                      |                                      |  |                                       |                                      |
|--------------------------------------|--------------------------------------|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Auto Dealer | <input type="checkbox"/> Insurance         | <input type="checkbox"/> Mining       | <input type="checkbox"/> Manufacture |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Service     | <input type="checkbox"/> Attorney          | <input type="checkbox"/> Construction | <input type="checkbox"/> Utility     |
| <input type="checkbox"/> Banking     | <input type="checkbox"/> Finance     | <input type="checkbox"/> Health Care       | <input type="checkbox"/> Media        | <input type="checkbox"/> Oil & Gas   |
| <input type="checkbox"/> Retail      | <input type="checkbox"/> Wholesale   | <input type="checkbox"/> Multiple Interest | <input type="checkbox"/> Other        |                                      |

**\$35 Application Fee**

I am applying for **Full Membership** as a holder of a CPA certificate granted by the state of \_\_\_\_\_ dated \_\_\_\_\_ number \_\_\_\_\_.

Please list all CPA certificates you hold (state, date issued, & number) \_\_\_\_\_

I am applying for an **Associate Membership** having received notification of passing the Uniform CPA exam on (month & year) \_\_\_\_\_ but must fulfill the one year of experience requirement prior to eligibility for certification which I expect to complete on (month & year) \_\_\_\_\_

**\$15 Application Fee**

I am applying for **Affiliate Membership** having graduated with a 4-year degree and completed at least 30 hours of accounting courses at the university level, but have not yet passed the CPA exam. College or University attended \_\_\_\_\_ (A copy of your transcript must accompany this application)

## Annual Membership Dues

**Note to New Members:** Members are invoiced every year in the month of May. Annual dues are due on or before July 1<sup>st</sup>. Members joining throughout the year (after July 1<sup>st</sup>) are billed by prorating the annual dues. You will receive a prorated invoice after your application is approved for membership.

### Dues Fees

CPA Certificate holder for more than 3 years	\$323
CPA Certificate holder for 3 years or less	\$170
Associate Member (passed exam but not CPA certificate)	\$103
Educator	\$90
Non-CPA Educator Associate	\$90
Out-of-State Member	\$90
Affiliate Member (completed 4-year college degree w/30 hours of accounting)	\$90
Retired Member	\$70
Student Member (junior or senior in college level accounting)	\$0

### Payment

Visa       Master Card  Check      Amount \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

**(Please make check payable to New Mexico Society of CPAs or NMSCPA)**

### Other Information

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_      AICPA Member Number \_\_\_\_\_

Gender  Male  Female      Spouse Name \_\_\_\_\_

Professional Specialty  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to maintain the integrity of the accounting profession as set forth in the Bylaws, Policies, and Procedures of the New Mexico Society of Certified Public Accountants and the Code of Professional Conduct.

Signature \_\_\_\_\_ Date \_\_\_\_\_