



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)

I am applying for **Student Membership**. I am enrolled in a university level education program that will result in meeting the qualifications to sit for the CPA exam. Anticipated graduation date _____

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 1st. Members joining throughout the year (after July 1st) 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	\$260
CPA Certificate holder for 3 years or less	\$138
Associate Member (passed exam but not CPA certificate)	\$83
Educator	\$72
Non-CPA Educator Associate	\$72
Out-of-State Member	\$72
Affiliate Member (completed 4-year college degree w/30 hours of accounting)	\$72
Retired Member	\$56
Student Member (junior or senior in college level accounting)	\$30

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 _____