

## MassCPAs Membership Application

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Credential(s)  ABV  CFF  CGMA  CITP  JD  PFS  Other \_\_\_\_\_

Gender  Male  Female  Non-binary

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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

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

Preferred Mailing Address  Home  Office

### Social Media

LinkedIn (e.g. <http://www.linkedin.com/>) \_\_\_\_\_

### Business Information

Business Type  Public Accounting  Industry  Education  Government

Business Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Office Fax \_\_\_\_\_

Business Website \_\_\_\_\_

### Certification Information

Certified in Massachusetts:  Yes  No Date of MA Certification \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

MA Certification Number: \_\_\_\_\_ Do you hold a current MA CPA license?  Yes  No

Do you hold CPA certification in another state?  Yes  No

Other CPA certification state \_\_\_\_\_ Date of other state certification \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## MassCPAs Membership Application, continued

### Additional Information

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Alma Mater \_\_\_\_\_

\*Do you consider yourself:  
(optional)

\*The Society has adopted an initiative to enhance diversity/inclusion within Massachusetts CPA Firms. By answering this question, you will help us establish some much-needed baseline data.

- African American  
 Alaskan Native  
 Asian  
 Asian Indian  
 Black

- Hispanic/Latino  
 Multi-Racial  
 Native American  
 Native Hawaiian  
 Other Pacific Island

- White/Caucasian  
 Other \_\_\_\_\_  
 Prefer Not To Answer

### Society Promise

If elected I agree to abide by the bylaws of the Society and its code of professional ethics.  
Follow this link to review the bylaws: [www.masscpas.org/about/bylaws](http://www.masscpas.org/about/bylaws).

Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Payment Information

Please include your application fee and dues payment by credit card or by check made payable to Mass. Society of CPAs, Inc..

Credit Card Type  MasterCard  Visa  American Express

Name on Credit Card \_\_\_\_\_

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

Expiration Date (MM/YY) \_\_\_\_\_ CVV Number \_\_\_\_\_