

The Accountants' Guild

Membership Application

Name: SS#:
Home Address: Home Phone:
City: Zip:
Date of Birth: Married?: Yes No Spouse's Name:

Certificate #: Granted by State of: Date:
Business Name:
Business Address: Suite:
City: Zip:
Business Phone: Fax:
Where should notices be mailed?: Home Business

State reasons for desiring to join this organization

List affiliations with other accounting organizations

Recommended by:

Would you like to be included in the web site membership directory? Yes No

Signature of Applicant: _____

Date:

Please fill in the form and print it out when completed. Sign and mail a copy of this application with your check for \$55 payable to "The Accountants Guild" to the **treasurer** of the Accountants Guild.

www.accountantsguild.org