



# APPLICATION FOR MEMBERSHIP

### Contact Information

Mail: P.O. Box 13579  
Spokane Valley, WA 99213  
Phone: (509) 993-2307  
Email: [office@waatp.org](mailto:office@waatp.org)  
Web Page: [www.waatp.org](http://www.waatp.org)

Affiliate of the National Society of Accountants

Name: [Mr.] [Mrs.] [Ms.] \_\_\_\_\_

Name of Firm: \_\_\_\_\_ PTIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsoring Member (please print): \_\_\_\_\_ NSA Member: Yes or No \_\_\_\_\_

Chapter Preference (circle)    **NORTHWEST**                      **SEATTLE**                      **SPOKANE**                      **TACOMA**

## Membership Levels

**ACTIVE MEMBER (\$165)** Active Members must be or have been in public practice and must meet one of the following requirements. *Please check all that apply.*

- A. Maintain an active license as Certified Public Accountant (CPA)
- B. Maintain an active Enrollment to practice before the IRS (EA)
- C. Maintain an active accreditation by the Accreditation Council for Accountancy and Taxation in (check all that apply):
  - Accountancy (ABA)  Tax Advisor (ATA)
  - Tax Preparer (ATP)
- D. Have achieved an Associate, Baccalaureate or higher degree with a minimum of 24 semester hours in accounting.
- E. Have 3 years or more experience of public accounting and/or taxation as my primary source of earned income within the past 5 years. I understand that within 5 years of joining, I must meet at least one (1) of the criteria of active membership as outlined above in A-D.

Active Membership by paragraphs D or E must complete the continuing professional education requirements of the Accreditation Council of Accountancy for accreditation in accounting or taxation.

**ASSOCIATE MEMBER (\$150)** An Associate Member must meet any one of the following qualifications:

- A non-credentialed employee of an accounting and/or tax practice.
- An accountant or bookkeeper in governmental services.
- An accountant or bookkeeper employed by private organizations.
- An officer or employee accountant of a bank or other institution.
- Offer accounting, tax or financial and estate planning services to the public, but do not otherwise qualify for membership as an "Active" Member.

**EDUCATOR MEMBER (\$55)** An Educator Member must not be engaged in public practice and primary source of earned income must be from teaching courses in accounting, business administration or related subjects at an accredited college, university or business school.

**STUDENT MEMBER (\$30)** A Student Member must be enrolled in a college, university or business school pursuing a course in accounting, business administration or related subjects.

**RETIRED MEMBER (\$30)** A Retired Member must be retired from practice of accountancy and age 55 or disabled and have been a member for 4 continuous years immediately prior to retirement.

**I AFFIRM THAT** (please check each box):

- I am applying at the highest level of membership for which I qualify.
- The statements I have made are true and correct to the best of my knowledge
- I will abide by the By-Laws of the Association
- I will practice in strict conformity with the Code of Ethics and Rules of Professional Conduct as adopted by the Association.

**For ACTIVE MEMBERS**

- I have a credential (CPA, EA, ACAT) and/or College Degree
- My credential is current and valid
- My Continuing Professional Education is current and appropriate to maintain my Active Membership status.

**SIGN HERE**

**DATE:** \_\_\_\_\_

**PAYMENT**

- Membership Level
- Active Member
- Associate Member
- Educator Member
- Student Member
- Retired Member

Enter Dues for  
Level selected

\$ \_\_\_\_\_

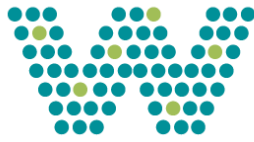
Account number \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVC code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Credit Card Signature: \_\_\_\_\_

Payment Method: (please check one)

- Check                       Discover
- Visa                               American Express
- MasterCard



**Get more out of your membership.**

Please complete the following information to establish your searchable WAATP profile.  
 The database is used by WAATP members to find you or to refer possible clients to you.

*Examples:*

*Need to find a tax preparer in Spokane to refer a client who has moved – search the database*  
*Looking for a bookkeeper for a tax client – search the database*

**Your Practice Status:**

- Looking for new clients       Maintaining practice       Looking to downsize

**Your Business Entity:**

- Corporation       Sole Proprietor       Partnership       LLC

**Your Position in Company:**

- Corp. Officer       Owner/Partner       Employee

**How many years have you been in practice?** \_\_\_\_\_

**What credentials do you have** *(please check all that apply):*

- CPA \*License No. & State: \_\_\_\_\_  EA \*Enrollment number: \_\_\_\_\_  CFP  
 ABA  ATA  ATP \*ACAT# \_\_\_\_\_

**What services do you provide** *(please check all that apply):*  Bookkeeping  Accounting  Tax Prep  Financial

**Provide Bookkeeping Services for** *(please check all that apply):*

- Monthly Write-up       Monthly DOR filing       Payroll       Payroll Reports       QuickBooks  
 Other *(please list)* \_\_\_\_\_

**Provide Accounting Services for** *(please check all that apply):*

- Monthly Write-up       Monthly DOR filing       Payroll       Payroll Reports       QuickBooks  
 Financial Statements       Multi-States       Other *(please list)* \_\_\_\_\_

**Provide Tax Preparation Services for** *(please check all that apply):*

- Individual       Partnership       Corporate       Fiduciary       Gift / Estate       Non-Profit  
 Tax Representation  Other *(please list)* \_\_\_\_\_

**Provide Financial Services for** *(please check all that apply):*

- Financial Planning/Investment Advice       Sell Securities/Annuities  
 Sell Life/Health/Disability Insurance       Sell Property/Casualty Insurance  
 Other *(please list)* \_\_\_\_\_