

ARCPA MEMBERSHIP APPLICATION

PLEASE COMPLETE ALL SECTIONS. PERSONAL INFORMATION IS USED FOR INTERNAL PURPOSES ONLY AND WILL NOT BE SOLD TO OUTSIDE SOURCES.



MEMBERSHIP TYPE: Certified Reinstatement Associate* Student**

Arkansas Certificate No. _____ Issue Date _____

Other State Certificate No. _____ Issue Date _____ State _____

Are you currently a member of the AICPA? Yes No If so, please provide member number: _____

***ASSOCIATE MEMBERS:** Have you passed the CPA Exam? Yes No Are you actively sitting for the CPA Exam? Yes No
If you are not seeking CPA status, are you working full-time in an accounting capacity? Yes No

****STUDENT MEMBERS** (Free to all students interested in Accounting): College or University _____
City _____ State _____ Student Status _____

PERSONAL INFORMATION

Please print or type your **name** as it should appear on your membership certificate:

First Name _____ Middle Name _____ Last Name (Jr., Sr., III, etc.) _____ Nickname _____

Home Address (include apt. #, P.O. Box, City, State and Zip+4 code) _____ County _____ Home Phone (include area code) _____

Gender: Female Male _____
Date of Birth _____ Spouse's First Name _____ Cell Phone (include area code) _____

Race (optional): African American Native American Asian Caucasian Hispanic Other: _____

Chapter Preference (Unless otherwise indicated, you will be assigned to the Chapter where your preferred mailing address is located):

Central Northeast South Texarkana Western
 DeGray Northwest Southeast Valley

Legislative: Please indicate the legislative districts (district number only) in which you reside for the following:

House _____ Senate _____ Congressional _____

Foreign Languages: (optional information)

I am fluent in the following foreign language(s): _____

COMMUNICATIONS & PROFILE DATA

Mailing Preference Home Business **Preferred E-Mail Address** _____

Fields of Interest (Please check all that apply. Limit to 15 selections):

- | | | |
|-------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Estate/Gift Tax/Retirement Planning | <input type="checkbox"/> Not-for-Profit |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Financial Institutions | <input type="checkbox"/> Personal Development |
| <input type="checkbox"/> Audit/Compilation/Review | <input type="checkbox"/> Forensic Accounting | <input type="checkbox"/> Practice Management |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> General Conferences | <input type="checkbox"/> Public Accounting (General) |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Government (General) | <input type="checkbox"/> Real Estate Tax |
| <input type="checkbox"/> Business Valuation | <input type="checkbox"/> Health Care | <input type="checkbox"/> Real Estate/Construction |
| <input type="checkbox"/> Capital Gains Tax | <input type="checkbox"/> Individual Income Tax | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Cash Management | <input type="checkbox"/> Information Systems | <input type="checkbox"/> Specialized Industry |
| <input type="checkbox"/> Corporate/Partnership Income Tax | <input type="checkbox"/> International Tax | <input type="checkbox"/> Strategic/Business Planning |
| <input type="checkbox"/> Education | <input type="checkbox"/> Litigation Support | <input type="checkbox"/> Taxation (General) |
| <input type="checkbox"/> Employee Benefits/Pension/Profit Sharing | <input type="checkbox"/> Management | <input type="checkbox"/> Technology |

PROFESSIONAL INFORMATION

Business Name _____ Job Title _____

Business Address (include suite #, P.O. Box, city, state and zip+4 code) _____ County _____

Business Phone (include area code) _____ Direct Extension _____ Business Fax (include area code) _____

General Position (please choose the closest one to your current position)

- | | |
|--------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual Practitioner | <input type="checkbox"/> Staff Accountant |
| <input type="checkbox"/> Managing Partner | <input type="checkbox"/> Unemployed Temporarily (<i>up to 1 year maximum</i>) |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Unemployed Indefinitely (<i>left work force by choice</i>) |
| <input type="checkbox"/> Senior Accountant | |

General Business Type (please choose one) Public Accounting Education Government General Industry Legal

Specific Business Type (please choose one)

- | | | |
|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Agribusiness | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> State Firm |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> City Government |
| <input type="checkbox"/> Finance/Insurance | <input type="checkbox"/> Transportation/Communication | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Big-Five Firm | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> Mining/Mineral Extraction | <input type="checkbox"/> Individual Practitioner | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Local Firm | |
| <input type="checkbox"/> Personal/Professional | <input type="checkbox"/> Regional Firm | |

AGREEMENT AND PAYMENT INFORMATION

PLEASE ENCLOSE A \$25.00 APPLICATION FEE AND THE APPLICABLE DUES WITH YOUR COMPLETED APPLICATION AND RETURN TO THE ARCPA OFFICE (all fees are waived on Student applications).

Type of Credit Card: Visa MasterCard American Express

Card Number _____ Expiration Date _____ Cardholder Name _____

ARCPA MEMBER DUES AMOUNTS *Effective April 1, 2023*

CPA – Public Practice Partner/Shareholder/Individual Practitioner	\$340	CPA – Unemployed Temporarily (<i>1 year max</i>)	\$125
CPA – Public Practice Employee	\$300	CPA – Retired (<i>not allowed until after three years' membership</i>)	\$100
CPA – Non-Public Practice Organization	\$300	CPA – Life (<i>requires 40+ years membership and Board approval</i>)	\$0
CPA – Educator/Non-CPA Educator (<i>requires Society activity</i>)	\$0	Non-CPA - Associate	\$130
CPA – Educator (<i>does not participate in Society activities</i>)	\$300	Non-CPA – Educator (<i>not participating in Faculty Free program</i>)	\$130
CPA – Non-State Resident (<i>lives & works outside Arkansas</i>)	\$160	Non-CPA - Student	\$0
CPA – Unemployed Indefinitely (<i>left workforce by choice</i>)	\$300		

**Please return application with payment to:
ARCPA, 11300 Executive Center Drive, Little Rock, AR 72211-4352**

By signing this application, I hereby represent to the Arkansas Society of CPAs that I will be bound by the Society's Bylaws and Code of Professional Conduct. I further agree to comply with the rules of ethical conduct contained in the current version of the AICPA publication entitled, "Professional Standards, Ethics, Bylaws, Quality Control", the acceptance of which should not be construed as a denial of the existence of other standards of conduct not specifically mentioned.

Signature _____ Date _____