

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)

- ☐ Individual Practitioner
☐ Managing Partner
☐ Partner
☐ Senior Accountant

- ☐ Staff Accountant
☐ Unemployed Temporarily (*up to 1 year maximum*)
☐ Unemployed Indefinitely (*left work force by choice*)

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

Specific Business Type (please choose one)

- ☐ Agribusiness
☐ Construction
☐ Finance/Insurance
☐ Manufacturing
☐ Mining/Mineral Extraction
☐ Real Estate
☐ Personal/Professional

- ☐ Retail Trade
☐ Wholesale Trade
☐ Transportation/Communication
☐ Big-Five Firm
☐ Individual Practitioner
☐ Local Firm
☐ Regional Firm

- ☐ State Firm
☐ City Government
☐ State Government
☐ Federal Government
☐ Other _____

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, 2025*

CPA – Public Practice Partner/Shareholder/Individual Practitioner	\$345	CPA – Unemployed Temporarily (<i>1 year max</i>)	\$125
CPA – Public Practice Employee	\$305	CPA – Retired (<i>not allowed until after three years' membership</i>)	\$100
CPA – Non-Public Practice Organization	\$305	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	\$135
CPA – Educator (<i>does not participate in Society activities</i>)	\$305	Non-CPA – Educator (<i>not participating in Faculty Free program</i>)	\$135
CPA – Non-State Resident (<i>lives & works outside Arkansas</i>)	\$165	Non-CPA - Student	\$0
CPA – Unemployed Indefinitely (<i>left workforce by choice</i>)	\$305		

**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 _____