

Montana Society of Public Accountants

New Membership Application

Please show your name as you would like it to appear on your certificate.

PLEASE PRINT OR TYPE

NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE NUMBER _____

EMAIL ADDRESS _____

TELL US ABOUT YOU ...

Date of Birth _____

College/University _____

Education: High School _____

Degree _____

Other _____

ARE YOU...

Enrolled to Practice before the IRS? Yes No

If yes, # _____

Certified Public Accountant? Yes No

Licensed Public Accountant? Yes No

If yes, # _____

State _____

Accredited by the Accreditation Council of Accountancy and Taxation?

Yes No

If yes, in Accounting in Taxation Both

Are you a member of NSA? Yes No

REFERENCES

You may contact the following three references as to my character and ability:

1. Name _____

Address _____

2. Name _____

Address _____

3. Name _____

Address _____

TELL US ABOUT YOUR PRACTICE...

Sole Practitioner Partner Employee Corporate Officer Student Retired

Business Name _____ Telephone Number _____

Street Address _____ PO Box _____

City/ State/ Zip Code _____ No. of years experience in accounting/tax _____

Are you engaged in any other trade, business, or profession? Yes No If yes, is more than 50% of your income from the public accounting/tax profession?

Yes No

I hereby certify that the accompanying statements are correct to the best of my knowledge and belief. I also certify that I have never been suspended or expelled from any professional organization, and that I have not suppressed any information which might have bearing upon this application.

As an active member, I agree to maintain the CPE requirements of the Society to maintain my membership.

I further certify that if I am accepted as a member, I will abide by the By-Laws and Administrative Rules of the Montana Society of the Public Accountants and will practice in strict conformity with the Code of Ethics adopted by the Society. In the event my membership terminates for any reason, I agree to return my Certificate of Membership

Signature of Applicant _____ Date _____

Sponsor _____

Mail Application to: MSPA Membership, 1018 W. Custer, Ste. 1, Helena, MT, 59602 |

Phone 406-442-1700 | Fax 406-442-6008

Visa/Mastercard# _____ Exp. Date _____

Name on Card _____

Office Use Only:
Amount _____
Date Received _____