



# APPLICATION FOR MEMBERSHIP

Find online at [www.montana.cpa/join](http://www.montana.cpa/join)

## Personal Information

Name (as it appears on your license)

\_\_\_\_\_  Male  Female  
First Middle Last

Nickname (preferred) \_\_\_\_\_

Birthdate \_\_\_\_\_

## Business/Employment

Employer's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

## Residence

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Telephone Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

I prefer to receive mail at:  Home  Office

## Certificate Information

Date Applicant passed the Uniform CPA Examination: \_\_\_\_\_ State \_\_\_\_\_

List all certificates which you now hold beginning with most recent

State of Certification \_\_\_\_\_ Certificate # \_\_\_\_\_ Date \_\_\_\_\_

State of Certification \_\_\_\_\_ Certificate # \_\_\_\_\_ Date \_\_\_\_\_

Are you a member of the AICPA?  Yes AICPA # \_\_\_\_\_  No

## Business Type

Public Accounting  Education  Industry  Government  Non-Profit  Other \_\_\_\_\_

## Position with Employer

- Public Practice Manager  Industry President/CEO  Government Manager  Education Professor
- Public Practicing Shareholder  Industry Staff Accountant  Government Other  Education Other
- Public Practice Staff Accountant  Industry Other

## In Submitting This Application, I the Undersigned:

- Agree to abide by the decision of the Montana Society of CPAs Board of Directors as to my acceptance;
- Agree to be governed by the Bylaws and Rules of Professional Conduct of the Society;
- Certify that the statements herein are correct to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date