

WASHINGTON ASSOCIATION OF ACCOUNTING & TAX PROFESSIONALS

APPLICATION FOR MEMBERSHIP

Contact Information

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Affiliate of the National Society of Accountants

Name: [Mr.] [N	Irs.] [Ms.]							
Name of Firm:			PTIN:					
Mailing Addres	ss:	City	City:		State:	Zip		
Phone: (Work)		Fax:		Email:				
Sponsoring Men	mber (please print):			NSA M	Iember: Yes	or No		
= =	Chapter Preference (circle) NORTHWEST		TTLE	SPOKANE	SPOKANE TACOMA			
		Members	ship Le	vels				
[] ACTIVE MEMBER (\$165) Active Members must be or have been in public practice and must meet one of the following requirements. <i>Please check all that apply</i> .			 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. 					
[] A. Mainta	ain an active license as Certified Public	c Accountant (CPA)	[] An accountant or bookkeeper in governmental services.					
				[] An accountant or bookkeeper employed by private organizations.				
[] B. Mainta	nin an active Enrollment to practice be	fore the IRS (EA)	[] An officer or employee accountant of a bank or other institution. [] Offer accounting, tax or financial and estate planning services to the public,					
[] C. Maintain an active accreditation by the Accreditation Council for Accountancy and Taxation in (check all that apply):				not otherwise qualify for				
[] Acc	countancy (ABA) [] Tax Advisor	(ATA)		ATOR MEMBER	(# <i>EE</i>) A E 1	36.1		
[] Tax Preparer (ATP)[] D. Have achieved an Associate, Baccalaureate or higher degree wit a minimum of 24 semester hours in accounting.			[] 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.					
taxatio 5 years at least	By years or more experience of public as as my primary source of earned income. I understand that within 5 years of jut tone (1) of the criteria of active membrane.	ome within the past bining, I must meet	college, ui			Member must be enrolled in a course in accounting, business		
professional educ	nip by paragraphs D or E must complet ation requirements of the Accreditation accreditation in accounting or taxation.	Council of	practice of		5 or disabled <u>ar</u>	Member must be retired from and have been a member for 4		
I AFFIRM 1	THAT (please check each box):		Foi	ACTIVE MEMB	ERS			
[] I am applying	g at the <u>highest level of membership</u> t	or which I qualify.	[] I have a credential (CPA, EA, ACAT) and/or College Degree					
1 The statements I have made are true and correct to the best of my knowle			e [] My credential is current and valid					
[] I will abide by the By-Laws of the Association			[] My Continuing Professional Education is current and appropriate					
	e in strict conformity with the Code of		to	maintain my Active Mer	mbership status.			
of Profession	al Conduct as adopted by the Associat	tion.						
SIGN HE	RE			DATE:				
PAYMENT	Membership Level Active Member Associate Member	Enter Dues for Level selected		Payment Methor [] Check [] Visa	d: (please ch [] Discover [] Americar	,		
ŀ	Educator Member	\$		[] MasterCard	LI / WINGINGAL	. <u>-</u> Αρίουσ		
	Student Member		 nber	Exp. Date		Exp. Date		
	Retired Member			Billing Zip Code				

Credit Card Signature: _____



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 [] Look	king to downsize		
Your Business Entity:	[] Corporation	[] Sole Proprietor	[] Partnership	[] LLC	
Your Position in Company:	[] Corp. Officer	[] Owner/Partner	[] Employee	[] Employee	
How many years have you be	een in practice?				
What credentials do you hav [] CPA *License No. & State: [] ABA [] ATA [] ATP *ACAT	[] EA *Enrollme		[] CFP		
What services do you provid	e (please check all that app	oly): [] Bookkeeping [] Ad	ccounting [] Tax Prep) [] Financial	
Provide <u>Bookkeeping</u> Service [] Monthly Write-up [] Other (please list)	[] Monthly DOR filin	g [] Payroll [] Payrol	Reports [] Quickl	Books	
Provide <u>Accounting</u> Services [] Monthly Write-up [] Financial Statements	[] Monthly DOR filin	g [] Payroll [] Payroll	-		
Provide <u>Tax Preparation</u> Ser [] Individual [] Part [] Tax Representation [] (nership [] Coi	rporate [] Fiduciar	-	[] Non-Profit	
Provide <u>Financial Services</u> for [] Financial Planning/Invest [] Sell Life/Health/Disabilit [] Other (please list)	stment Advice y Insurance	[] Sell Securities/Ann			