



New England Society of CPAs

NECPAs Membership Application

First Name _____ M.I. _____ Last Name _____

Credential(s) ABV CFF CGMA CITP JD PFS Other _____

Gender Male Female Non-binary

Home Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Primary Email Address _____

Alternate Email Address _____

Preferred Mailing Address Home Office

Social Media

LinkedIn (e.g. <http://www.linkedin.com/>) _____

Business Information

Business Type Public Accounting Industry Education Government

Business Name _____

Business Address _____

City _____ State _____ Zip Code _____

Office Phone _____ Ext. _____ Office Fax _____

Business Website _____

Certification Information

Certified: Yes No Date of Certification _____/_____/_____ State:

Certification Number: _____ Do you hold a current CPA license? Yes No

Do you hold CPA certification in another state? Yes No

Other CPA certification state _____ Date of other state certification _____/_____/_____

NECPAs Membership Application, continued

Additional Information

Date of Birth _____/_____/_____

Alma Mater _____

*Do you consider yourself:(optional)

*The Society has adopted an initiative to enhance diversity/inclusion within New England CPA Firms. By answering this question, you will help us establish some much-needed baseline data.

- African American
- Alaskan Native
- Asian
- Asian Indian
- Black

- Hispanic/Latino
- Multi-Racial
- Native American
- Native Hawaiian
- Other Pacific Island

- White/Caucasian
- Other _____
- Prefer Not To Answer

Society Promise

If elected I agree to abide by the bylaws of the Society and its code of professional ethics. Follow this link to review the bylaws: necpas.org/bylaws.

Signature _____

Date _____/_____/_____

Payment Information

Please include your application fee and dues payment by credit card or by check made payable to New England Society of CPAs, Inc..

Credit Card Type MasterCard Visa American Express

Name on Credit Card _____

Credit Card # _____

Expiration Date (MM/YY) _____ CVV Number _____