

**The Independent Association of Accountants of New York, Inc.**  
**4043 Maple Rd. Ste. 100**  
**Amherst, NY 14226**  
**(716) 832-7853**

**New Member Application**

**PERSONAL INFORMATION**

Your Name \_\_\_\_\_ Firm or Company Name \_\_\_\_\_

Home Address \_\_\_\_\_ Business Address \_\_\_\_\_

Town/City \_\_\_\_\_ Town/City \_\_\_\_\_

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

Home Phone( ) \_\_\_\_\_ Business( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ College Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_

PTIN # \_\_\_\_\_ Name of College: \_\_\_\_\_  
(for CPE credits)

Type of Degree \_\_\_\_\_ Graduation Date \_\_\_\_\_

**PROFESSIONAL INFORMATION**

Check all that apply

Certified Public Accountant \_\_\_\_\_ Accountant or Tax Preparer \_\_\_\_\_ Enrolled Agent \_\_\_\_\_

**PRACTICE INFORMATION**

Are you: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Employee \_\_\_\_\_

Service Provided: Accounting \_\_\_\_\_ Tax Prep \_\_\_\_\_ Consulting \_\_\_\_\_ Other \_\_\_\_\_

**MEMBERSHIP STATUS REQUESTED**

Highest level of membership applies

Active Membership \_\_\_\_\_ Associate Membership \_\_\_\_\_ Retired Membership \_\_\_\_\_ Student Membership \_\_\_\_\_

**Note: Active Membership: Accountant and Practitioners including principals of the firm. Yearly dues \$85.00**

**Associate Membership: Employees of firms and professionals in related fields. Yearly dues \$50.00**

**Retired Membership: No longer engaged in full time practice. Yearly dues \$45.00**

**Student Membership: Matriculating only. FREE**

**\*\*SPECIAL NOTE: A copy of your Professional Stationery or Business Card must be submitted with this application if you are to apply for Active Membership, as well as your check.**

I hereby apply for membership in the Independent Association of Accountants of New York, Inc.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_