

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 \$90.00

Associate Membership: Employees of firms and professionals in related fields. Yearly dues \$60.00

Retired Membership: No longer engaged in full time practice. Yearly dues \$50.00

Student Membership: Matriculating only. \$15

****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 _____