

The Accountants Society of Virginia

107 S. West Street. #110
Alexandria, VA 22314

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www.Virginia-Accountants.org



Membership Application

Name _____
First Middle Last Suffix Accreditation(s)

_____ *PRINT NAME AS YOU WANT IT TO APPEAR ON MEMBERSHIP CERTIFICATE*

Home Address _____
Street Address Suite/Box/Apt Number

_____ City State Zip

Home Telephone _____ Home Fax _____

Company Name _____

Title _____

Company Address _____
Street Address Suite/Box/Apt Number

_____ City State Zip

Company Telephone _____ Company Fax _____

Email _____

MEMBERSHIP DUES (PLEASE SELECT ONE)

_____ ACTIVE MEMBER - - - - - \$140
_____ ASSOCIATE MEMBER - - - - - \$110
_____ OUT-OF-STATE MEMBER - - - - - \$ 50
_____ STUDENT MEMBER - - - - - \$ 50

SEE REVERSE SIDE FOR DESCRIPTIONS

SEND MAIL TO: _____ HOME _____ BUSINESS

HOW DID YOU HEAR ABOUT ASV?

_____ Friend/Co-Worker _____ Employer
_____ Internet Search _____ Certification Programs
_____ Direct Mail _____ Educational Event
_____ Other _____

PAYMENT OPTIONS

_____ Check made payable to ASV enclosed;

_____ Credit Card: _____ Visa _____ MasterCard _____ American Express Security Code: _____
Card Number: _____ Exp. Date: _____

Billing Address: _____
Street Address Suite/Box/Apt Number

City/State/Zip: _____
City State Zip

Signature: _____ Date: _____

DUES PAYMENT POLICY

Payment of dues is required in full with this application. Membership dues are payable as of July 1 and run through June 30. This application is subject to approval by the ASV Membership Committee Chairman. Deposit of your payment does not imply acceptance in membership. Applicants not received in membership will be given a full refund.

AFFILIATION

Your type of Practice:

_____ Corporation _____ Partnership _____ Sole Practitioner _____ LLC _____ LLP

_____ Other _____

Your role in the Practice:

_____ Sole Practitioner _____ Partner _____ Principal _____ Employee

_____ Other _____

Years of Accounting/Taxation experience: _____

Are you an Electronic Return Originator? _____ Yes _____ No Year Designated? _____

Professional Accounting/Taxation Organizations to which you belong: _____

MEMBERSHIP CATEGORIES

ACTIVE MEMBER: Active Members are required to meet continuing education requirements, completing a minimum of 60 CPEs in each three (3) year reporting cycle. Active Members must be in public practice and meet at least one of the following requirements:

(CHECK ALL THAT APPLY)

I have a valid permit/license granted under state law for public practice of accountancy and/or taxation:

- Public Accountant License No./State
Accounting Practitioner License No./State
Tax Permit/License License No./State
Certified Public Accountant License No./State

I am accredited by the Accreditation Council for Accountancy and Taxation in:

- Accountancy Tax Preparation Tax Advising

I am enrolled to practice before the IRS. Enrollment No.:

I have an Associate, Baccalaureate, or higher degree with a minimum of 24 semester hours in Accountancy.

Highest degree is:

I have 3+ years experience in public Accounting and/or Taxation. Within 5 years of joining, I must meet at least one of the criteria for Active Membership outlined above.

ASSOCIATE MEMBER: Associate Members, who are not eligible to vote or hold office, do not need to meet continuing professional education requirements. If you have the following qualifications, you are eligible for Associate Membership.

(PLEASE CHECK ONE)

- I am an owner, partner or employee of an accounting and/or tax firm and do not meet Active Membership requirements;
I am employed in government, a financial institution, private sector business, or a non-profit entity. My responsibilities are accounting and/or taxation.
I have attained the age of 65 years or older and have retired from public practice.

OUT-OF-STATE MEMBER: Out-of-State Member who reside and conduct business out of state and shall have the same rights as Associate Members.

STUDENT MEMBER: Student Members who are currently enrolled in an Accounting Education Program and shall have the same rights as Associate Members.

Name of School: # Acct. Credits:

IRS: We have entered into an agreement with the Office of Professional Responsibility, Internal Revenue Service, to meet the requirements of 31 Code of Federal Regulations, section 10.6(g), covering maintenance of attendance records, retention of program outlines, qualifications of instructors and length of class hours. This agreement does not constitute an endorsement by the Office of Professional Responsibility as to the quality of the program or its contribution to the professional competence of the enrolled individual. Sponsor Number: 725

NASBA: Accountants Society Of Virginia is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be addressed to the National Registry of CPE Sponsors, 150 Fourth Avenue North, Suite 700, Nashville, TN, 37219-2417. Web site: www.nasba.org - NASBA # 103365

ARE YOU INTERESTED IN SERVING ON AN ASV COMMITTEE? Yes No

If yes, check the committee below:

- Annual Convention Audits By-Laws & Constitution
Education Ethics & Grievance Exhibitor Sales
Legislative Membership Newsletter
Public Relations Scholarship
Other

ASV Use Only:

Membership Number:

Approved By: Membership Chair

Date:

I hereby state that the above statements are correct to the best of my knowledge and belief. I further state that I will abide by the Bylaws of the Society and will practice in strict conformity with the Code of Ethics and Rules of Professional Conduct adopted by the Society. (Please go to www.Virginia-Accountants.org or call 800-927-2731 for ASV's Code of Ethics and Rules of Professional Conduct.

APPLICANT SIGNATURE DATE

IMPORTANT NOTE: A COPY OF YOUR PROFESSIONAL STATIONARY AND BUSINESS CARD MUST ACCOMPANY THIS