



Washington Association of Accountants  
Affiliate of the National Society of Accountants

# APPLICATION FOR MEMBERSHIP

P.O. Box 2016, Edmonds, WA 98020-9516  
(800) 733-6286 / (425) 967-0735  
Fax: (425) 771-9588  
Email: admin@waa.org  
Web Page: www.waa.org

Name: Mr. Mrs. Ms. \_\_\_\_\_ Birthday (Month and Date): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Wk) \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Chapter to Attend: \_\_\_\_\_

## Membership Categories and Requirements

**ACTIVE MEMBER:** When you become an Active Member, you are entitled to all WAA benefits and services. You are also eligible to vote for and hold elected office. Active Members must be in public practice and must meet one of the following requirements. *Please check all applicable statements. Items in bold are mandatory.*

- A.** I am enrolled to practice before the IRS.  
**Enrollment number:** \_\_\_\_\_
- B.** I am a Certified Public Accountant:  
**License No./State:** \_\_\_\_\_
- C.** I am accredited by the Accreditation Council for Accountancy and Taxation in:  
Accountancy \_\_\_\_\_ Tax Preparation \_\_\_\_\_ Tax Advising \_\_\_\_\_  
**ACAT #** \_\_\_\_\_
- D.** I have an Associate, Baccalaureate or higher degree with a minimum of 24 semester hours in accounting.  
**Highest degree is:** \_\_\_\_\_  
Number of accounting hours: Qtr \_\_\_\_\_ Semester \_\_\_\_\_  
Name of Institution: \_\_\_\_\_  
City & State: \_\_\_\_\_
- E.** I have 3 years or more experience of public accounting and/or taxation as my primary source of earned income, within the past 5 years. I understand that within 5 years of joining, I must meet at least one (1) of the criteria of active membership as outlined above in A-D.

Those granted Active membership by paragraph D-E must complete the continuing professional education requirements of the Accreditation Council of Accountancy for accreditation in accounting or taxation.

**ASSOCIATE MEMBER:** When you become an Associate Member, you are entitled to all WAA benefits and services. Associate members are not eligible to vote or hold office, nor do they have to meet continuing professional education requirements. If you meet one of the following qualifications, you are eligible for Associate Membership.

- A.** I am an employee of an accounting firm and /or taxation practitioner firm.
- B.** I am an educator.
- C.** Accountants or bookkeepers in governmental services.
- D.** Accountants or bookkeepers employed by private organizations.
- E.** Officers and employee accountants of banks and other financial institutions.
- F.** I offer accounting, tax or financial and estate planning services to the public, but do not otherwise qualify for membership as an "Active" Member.

*Annual dues are payable in full by check or credit card with this application. WAA dues are deductible as a business expense, but not as a charitable contribution for federal tax purposes. However, a portion of dues is not deductible to the extent that WAA engages in state or federal lobbying, as defined by the IRS regulations. Please see the state newsletter or call the association office for the current non-deductible portion of dues.*

Name of Firm: \_\_\_\_\_

Your form of practice (please circle): Sole Practice \* Partnership \* Corporation \* LLC \* Other: \_\_\_\_\_

Your role in the practice (please circle): Sole Practitioner \* Partner \* Principal \* Employee \* Other: \_\_\_\_\_

Professional accounting/tax associations to which you belong to: \_\_\_\_\_

*I hereby state that the above statements are correct to the best of my knowledge. I further state that I will abide by the Constitution and By Laws of the Association and will practice in strict conformity with the Code of Ethics and Rules of the Professional Conduct adopted by the Association.*

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTE:** A copy of your professional letterhead or business card **MUST** accompany this application.

Sponsoring Member (please print): \_\_\_\_\_

<u>Category</u>	<u>Dues</u>	<u>Payment</u>
Active Member	\$165	_____
Associate Member	\$150	_____
Student Member	\$30	_____
Payment Type:	Check _____ Visa _____ MC _____	
Account number:	_____	Exp Date _____
Signature:	_____	

<b>Place Business Card here.</b>	
FOR WAA USE ONLY	
Date Received:	Amount: _____
Control Number	Membership# _____



The requested information listed below is vital to WAA. Please take a moment to insure all information is completed.

Name: \_\_\_\_\_ Membership No. \_\_\_\_\_

**Please insert all certificate numbers that apply to you:**

Enrolled Agent: \_\_\_\_\_ Accredited Tax Advisor #: \_\_\_\_\_  
Accredited in Accountancy #: \_\_\_\_\_ CPA#: \_\_\_\_\_  
Accredited Tax Preparer #: \_\_\_\_\_ NSA Member\* #: \_\_\_\_\_  
(\*If you have an NSA number, please provide it for our records.)

Type of Business: Corp.\* Corp. Officer\* SP\* Partnership\* LLC\* Owner/Partner\*  
Employee  
OTHER: WAA Officer\* WAA Board Member\* WAA Committee Chair  
Legislative District: \_\_\_\_\_ Congressional District: \_\_\_\_\_

Provide Accounting Services for:

Farming/Agriculture Manufacturing Retail Professional Transportation  
Marine/Fishing Distribution/Wholesale Construction Real Estate  
Other \_\_\_\_\_ Please List

Provide Business Tax Services for:

Farming/Agriculture Manufacturing Retail Professional  
Transportation Marine/Fishing Distribution/Wholesale Construction  
Real Estate Other \_\_\_\_\_ Please List

Tax Preparation Experience Includes:

Individual Partnership Corporation Fiduciary Gift / Estate  
Other \_\_\_\_\_ Please List

Provide Financial Services for:

Financial Planning/Investment Advice Sell Securities/Annuities Sell Life/  
Health/Disability Insurance Sell Property/Casualty Insurance  
Other \_\_\_\_\_ Please List

Degree(s) \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_