



Virginia Society of Tax & Accounting Professionals
 PO Box 3363, Warrenton, VA 20188-3363
 Tel: 800-927-2731; Fax: 888-403-0920
 Eml: asv@virginia-accountants.org
 Web: www.Virginia-Accountants.org

Membership Application

Name: _____
 Prefix First Middle Last Suffix Accreditation(s)

Print how you wish your name to appear on membership certificate: _____

Home Street Addr: _____ Suite/Box/Apt No. _____

City, ST, Zip, Country (if outside US): _____

Home Tel: _____ Home Fax: _____

Company Name: _____

Job Title: _____

Company Street Address: _____ Suite/Box/Apt No. _____

City, ST, Zip Country (if outside US): _____

Company Tel: _____ Company Fax: _____

Email address: _____ PTIN No. (Required): _____

MEMBERSHIP DUES (PLEASE SELECT ONE)

- _____ Active Member \$145
- _____ Associate Member \$145
- _____ Out-of-State \$ 75
- _____ Student Member \$ 50

See reverse for descriptions, benefits and requirements.

SEND MAIL TO: _____ Home or _____ Business

HOW DID YOU HEAR ABOUT VSTAP?

- _____ Friend/Co-worker _____ Employer
- _____ Internet Search _____ Certification Program
- _____ Direct Mail _____ Educational Event
- _____ Other: _____

PAYMENT OPTIONS

_____ Check made payable to VSTAP enclosed;
 _____ Credit Card: _____ Visa _____ MasterCard _____ American Express Security Code: _____
 Card Number: _____ Exp. Date: _____
 Name as appears on card: _____
 Billing Address: _____
 City, ST, Zip: _____
 Signature: _____ Date: _____

DUES PAYMENT POLICY

Payment of dues is required in full with the application. Membership dues are payable as of July 1 and run through June 30. This application is subject to approval by the VSTAP 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 Organization to which you belong? _____

MEMBERSHIP CATEGORIES

APPLICANTS MUST APPLY AT THE HIGHEST LEVEL OF MEMBERSHIP THAT THEY ARE ELIGIBLE.

 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 _____

 Registered Tax Return Preparer 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.

 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 resides and conducts 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: TATH.

NASBA: VSTAP (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 Bylaws /Constitution

 Education Ethics & Grievance Exhibitor Sales

 Legislative Membership Newsletter

 Public Relations Scholarship

 Other: _____

Office Use Only:

Membership Number: _____

Approved by: _____

Date: _____

I hereby state that the above statements are correct to the best of my knowledge and belief.

I agree to 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 VSTAP's Code of Ethics and Rules of Professional Conduct.

Applicant's Signature _____ Date: _____