



APPLICATION FOR MEMBERSHIP

MISSISSIPPI ASSOCIATION OF PUBLIC ACCOUNTANTS

P O Box 3423
601-835-3396

Brookhaven, MS 39603
Fax 662-796-3864

Please type or print your name above as you wish it to appear on your MAPA Membership Certificate

Name of Firm _____

Firm Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Office Phone _____ Fax Number _____ Date of Birth _____

Email _____

ACTIVE MEMBERSHIP - PRINCIPAL Y N
Are you at least 21 years of age? () ()
the United States () ()
Are you engaged in the practice of Public Accounting
and/or taxation and do you maintain an office for your
accounting or tax practice? () ()

RECIPROCAL MEMBERSHIP
Are you a member of another state association affiliated with Are you a resident of
the National Society of Accountants?
() Yes () No
Name of Affiliated Association _____

ACTIVE MEMBERSHIP - STAFF ACCOUNTANT
Are you employed as a () Junior or () Senior Staff
accountant by a () Public Accountant or
() Certified Public Accountant? () ()
Are you employed in a non-public field or accounting
with your primary duties being in accounting
or tax? () ()
() Government () Financial Institution
() Private sector business () Non-profit entity
Are you employed in Education? () ()
Do you hold any of the following? () CPA () Enrolled Agent
ACAT Accreditation as () ABA () ATP () ATA
Do you have a degree in accounting? () BA () BS
() Other _____

STUDENT MEMBERSHIP
Are you a full time student majoring in accounting? () Yes () No
Name of School _____

ASSOCIATE MEMBERSHIP
Are you a clerical employee of a MAPA member
engaged in an accounting and/or tax practice? () ()
Are you a representative of a firm which provides
professional materials and/or services in the
fields of accountancy and/or taxation? () ()

DUES SCHEDULE
Annual dues are payable IN FULL in advance and are prorated
on a quarterly basis to June 30, the end of MAPA's fiscal year.
MAPA dues are deductible as business expenses, but not as a
charitable deduction.
() Active Membership Principal Annual Dues \$150
() Active Membership Staff Accountant Annual Dues \$75
() Associate Membership Annual Dues \$50
() Reciprocal Membership \$25
() Student Membership-first year free; \$5 per year thereafter
Make checks payable to MAPA
Mail to MAPA • P O Box 3423 • Brookhaven, MS 39603

CPE REQUIREMENTS FOR ACTIVE MEMBERSHIPS

Principal Member - 72 hrs. each 3 year cycle; Minimum of 16 must be earned each year.
Staff Accountant -- 36 hrs. each 3 year cycle; Minimum of 8 must be earned each year.

I hereby state that all information submitted is both accurate and true. I further state that if I am accepted as a member of MAPA I will abide by the
Constitution and By-Laws of MAPA and will practice in strict conformity with the Code of Ethics and Rules of Professional Conduct as adopted by MAPA.

Date _____ Signature of Applicant _____

Date _____ Signature of Sponsor _____

Date _____ Signature of Membership Chairman _____