



GEORGIA ASSOCIATION OF ACCOUNTANTS AND TAX PROFESSIONALS
 P. O. Box 236
 HIRAM, GA 30141
 678-401-7900

MEMBERSHIP APPLICATION

INFORMATION

| | | | | |
|--|-------|-----------------|-------|-----|
| Type of Membership: | | Name | | |
| <input type="checkbox"/> Active | \$155 | Mailing Address | | |
| <input type="checkbox"/> Associate | \$95 | City | State | Zip |
| <input type="checkbox"/> Student | \$60 | Business Phone | | |
| <input type="checkbox"/> Out of State | \$60 | Cell Phone | | |
| <input type="checkbox"/> Retired | \$60 | Fax | | |
| | | Email | | |
| | | Birthday | | |
| Type of Entity: | | Firm Name | | |
| <input type="checkbox"/> Sole Proprietor | | # of Partners | | |
| <input type="checkbox"/> Partner | | Partner Names | | |
| <input type="checkbox"/> Corporate Officer | | # of Employees | | |
| <input type="checkbox"/> Employee | | | | |

PROFESSIONAL EXPERIENCE AND QUALIFICATIONS

Yes No Do you possess a valid permit or license as a Certified Public Accountant, Public Accountant, Registered Public Accountant, Enrolled Agent, Registered Tax Return Preparer as recognized by the Internal Revenue Service, Registered Investment Advisor or such other title as may be granted under Federal or State law and/or other such designations by recognized accreditation authorities (Accreditation Council for Accountancy and Taxation, College of Financial Planning) for the practice of Accountancy, Taxation, or Financial Planning for the public?

License/Registration # _____
 Agency/State Issued _____

Are you engaged in any other trade, business or profession? If yes, explain: _____

Are you a member of the National Society of Accountants? _____

| | |
|---|---|
| Number of years in the accounting and/or tax profession | Number of years experience in public practice |
|---|---|

Other Professional Experience and/or Qualifications: (Resume or CV may be attached)

ATTESTATION

I hereby state that the statements made are correct and that I have not suppressed any information which might influence my becoming a member. I further state that should I be accepted as a member, I will abide by the By-Laws of GAATP, and will practice in strict conformity with the Code of Ethics as now or herein promulgated by the Association.

Signed: _____
 Dated: _____

REFERENCES AND SPONSOR (if applicable)

| | | | |
|-----------------|-------|-----|--|
| Name | | | |
| Mailing Address | | | |
| City | State | Zip | |
| Business Phone | | | |
| Name | | | |
| Mailing Address | | | |
| City | State | Zip | |
| Business Phone | | | |
| Sponsor | | | |
| Mailing Address | | | |
| City | State | Zip | |
| Business Phone | | | |

PAYMENT

American Express Mastercard Visa Check

Credit Card Number _____

Expiration Date _____

CVV Security Code _____

Billing Zip Code _____

SEND APPLICATION AND PAYMENT TO:

Norma Ogle, Executive Director
 Georgia Association of Accountants and Tax Professionals
 P. O. Box 236
 Hiram, GA 30141
services@gaatp.org 678-401-7900 Fax 866-596-4912

GAATP will not share information we collect about you with non-affiliated third parties except as to maintain your account. For further information see GAATP's Privacy Policies at www.gaatp.org