



GEORGIA ASSOCIATION OF ACCOUNTANTS AND TAX PROFESSIONALS
 P. O. Box 2151
 DAWSONVILLE, GA 30534
 770-818-6738

MEMBERSHIP APPLICATION

INFORMATION

Type of Membership:		Name	
<input type="checkbox"/> Active	\$155	Mailing Address	
<input type="checkbox"/> Associate	\$95	City	
<input type="checkbox"/> Student	\$60	State	Zip
<input type="checkbox"/> Out of State	\$60	Business Phone	
<input type="checkbox"/> Retired	\$60	Cell Phone	
		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			
<input type="checkbox"/> Employee		# of Employees	

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
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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:
 Georgia Association of Accountants and Tax Professionals
 P. O. Box 2151
 Dawsonville, GA 30534
services@gaatp.org 770-818-6738 Fax 866-596-4912

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