

Chinese American Society of Certified Public Accountants

C/O Barry Zhang, CPA

136-20 38th Avenue, Suite 9G, Flushing, NY 11354

Tel: 718-463-1101 Fax: 718-463-1691 Email: barryzhang111@yahoo.com

www.cascpa.org

Membership Application

Name: _____
First Last In Chinese, if applicable

Firm Name: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Firm Size: Sole Proprietor ___ 2-5 ___ 5-10 ___ Over 10 ___

Years in Practice: 0-5 ___ 5-10 ___ Over 10 ___

Applying for Regular Membership (for licensed CPAs)
 Associate Membership (for college graduates but not yet licensed)

Sponsored By _____
(at least one current CASCPA member sponsor is required)

Please fill out the following section if you are applying for Regular Membership:

License: State _____ Number _____ Issue Date: _____
Affiliation: AICPA _____ NYSSCPA _____ NJSSCPA _____ Other _____

As a membership benefit, we will post your contact information on our website. However, at your request, we can exclude all or part of your information from public disclosure. Please select what you chose to exclude by checking all applicable boxes:

None (include) All Address Telephone/fax Email

Applicant Signature (required)

Date

Note:

Please mail this application form to the above address along with a copy of your resume, CPA certificate, business card, brochure and any other information of your firm/practice, as applicable.

Our annual regular membership due is \$75. Annual associate membership due is \$40. Please do not send money. You will receive a prorated dues invoice once you are admitted to membership in the CASCPA.

By signing above, if admitted to membership in the CASCPA, you agree to abide by the bylaws of the CASCPA (available at our website).