

## **Application for Membership through March 31, 2021**

Refer to Prorated Schedule of Dues below application.

Must provide all information and sign and return this form with payment.

2020-2021 Dues Year ends March 31, 2021.

Please print and complete all information requested.	l Arr	eas of Interest (please check all that apply):				
		Accounting Standards				
First Name:Last Name:N	viiddie initiai:	Agriculture, Forestry, Fishing, and Hunting				
Date of Birth:/ Gender: $\square$ Male $\square$ Female $\square$ Non-Binary		Art, Entertainment, and Recreation Audit and Attest Services				
Preferred Mailing Address: ☐ Home ☐ Business		Bankruptcy, Insolvency, and Reorganization Broker-Dealer				
Home Address:		Business Consulting (General)				
City:State/Province:Zip Code:Country:		Business Valuation Construction				
Home Phone: Cell Phone:		Corporate Accounting Corporate Governance				
Business Name:		Cost Management Educational Services				
Business Address:		Employee Benefit Plans				
City: State/Province: Zip Code: Country:		Financial Institutions Financial Planning - Personal				
		Financial Planning & Analysis				
Business Phone: Business Fax:		Fraud and Forensics Government				
Your Current Position:		Healthcare Organizations				
Primary Email Address:		(Hospitals, HMOs, PPOs, Hospice) Hospitality				
Secondary Email Address:		Human Resources Initial Public Offerings (IPOs)				
College/University:		Insurance International Business				
State/Province: Zip Code: Country:		Litigation Services				
Date Graduated:		Manufacturing Mergers and Acquisitions				
(CPAs only) Primary State Certified:  Date Cradeduced.  Date Certified:		Mining, Quarrying & Oil and Gas Extraction Not-for-Profit Organizations				
		Practice Management				
Please choose one:  Black/African American Alaskan/Native American Asian/Pacific Islander White/Non-Hispanic		Professional Service Firms Real Estate				
☐ Hispanic/Latino ☐ Two or more races ☐ Other ☐ Prefer not to answer		Retail				
Are you an AICPA member? ☐ Yes ☐ No Have you been an ICPAS member before? ☐ Yes ☐ No		Securities and Derivatives Strategic Business Planning				
Check the box for the membership type which is applicable to you:		Supply Chain Management				
		Tax - Business Tax - Estate, Gift, and Trust				
Membership Types  Public - CPAs employed at firms whose primary business is public accounting		Tax - Flow-through Entities				
Corporate Finance/Business - CPAs employed at companies whose primary business is not public accounting		Tax - Individual Tax - Practice and Procedures				
☐ <b>Education -</b> CPAs employed by schools, colleges, or universities		Tax - State and Local				
☐ <b>Government -</b> CPAs employed by local, state, or federal agencies		Technology				
□ Not-for-Profit - CPAs employed by not-for-profit organizations		Transportation and Warehousing				
Professional Affiliate (non-CPA) - Members who do not hold the CPA credential but are in the process of pursuing it or have business relevancy to the accounting profession, provide products/services to CPAs, or hold positions such as		Treasury and Cash Management Utilities				
non-CPA accountants, managers, CEOs, CFOs		Waste Management and Remediation Services				
PAYMENT INFORMATION. Signature required. Application will NOT	be processed without s	ignature.				
METHOD OF PAYMENT: ☐ Check or Money Order (payable in U.S. Dollars to Illinois CPA Society)	AMOUNT	OF PAYMENT:				
□ Visa □ MasterCard □ Discover Card □ American Express Card #:		Exp.:				
The Illinois CPA Society estimates that the nondeductible portion of your dues which is allocated to lobbying is 4.4%. \$5 of dues consti						
portion of your dues. If you do not wish to make a contribution, you may deduct \$5 from your dues amount.						
I acknowledge that I have read and agree to abide by Article II Sections 2.9-2.13, Articles VII (Code of Professional Conduct and Joint En (Located on our website at www.icpas.org, under the Governance heading on the About ICPAS page).	nforcement of Ethical Standards v	vith AICPA), VIII, IX and XII of the Society bylaws				
Signature of Applicant:		Date:				

## **SEND APPLICATION TO:**

## PRORATED SCHEDULE OF DUES

April 1, 2020 through March 31, 2021

	ANNUAL DUES	1st Quarter Apr   May   Jun	2nd Quarter Jul   Aug   Sept	3rd Quarter Oct   Nov   Dec	4th Quarter Jan   Feb   Mar
CPA MEMBERS IN PUBLIC ACCOUNTING					
Certificate held 0-3 years	\$370	\$370	\$340	\$247	\$155
Certificate held 4+ years	\$450	\$450	\$413	\$300	\$188
CPA MEMBERS IN CORPORATE FINANCE					
Certificate held 0-3 years	\$295	\$295	\$271	\$197	\$123
Certificate held 4+ years	\$450	\$450	\$413	\$300	\$188
CPA MEMBERS IN EDUCATION/GOVERNMENT/NOT-FOR-PROFIT	00.45	40.45	<b>#</b> 005	0404	0400
Certificate held 0-3 years	\$245	\$245	\$225	\$164	\$103
Certificate held 4+ years	\$340	\$340	\$312	\$227	\$142
OTHER					
Retired	\$125	\$125	\$115	\$84	\$53
AFFILIATE MEMBERS (Non CPA)					
Professional (0-3 years since college graduation)	\$295	\$295	\$271	\$197	\$123
Professional (4+ years since college graduation)	\$450	\$450	\$413	\$300	\$188

These rates are valid April 1, 2020 through March 31, 2021. Dues are subject to change. The Illinois CPA Society estimates that the nondeductible portion of your dues which is allocated to lobbying is 4.4%. \$5 of dues constitutes a contribution to CPAs for Political Action and is included in the nondeductible portion of your dues. If you do not wish to make a contribution, you may deduct \$5 from your dues amount.