

MEMBERSHIP APPLICATION

300 Andover Street, Ste 334
Peabody, MA 01960

781.246.7788

781.246.7873

www.maacct.org

I would like to be enrolled as a member of The Massachusetts Association of Accountants:

Name _____

Phone _____

Name of Firm _____

Date of Birth (optional) _____

Mailing Address _____

☐ Sole Practitioner
☐ Corporation
☐ Partnership

City/State/Zip _____

Email _____

Full Member Qualifications

Individuals of firms in PUBLIC PRACTICE applying for active membership must be able to meet any one of the following requirements. Please check all of the following statements (A through D) which apply to you:

- A. ☐ I possess a valid permit/license as may be granted under state law for the public practice of accountancy:
Certified Public Accountant License No./State _____
- B. ☐ Enrolled to practice before the IRS **(Please include copy of license)**: Enrollment # _____
- C. ☐ I possess an associate, baccalaureate or higher degree with a minimum of 24 semester hours in accounting. Highest degree **(If unlicensed, please include copy of degree or transcript)**:
☐ AS/AA = 2-year degree ☐ BS/BA = 4-year degree
☐ MBA/MS/MA = Masters ☐ PhD = Doctorate
- D. ☐ I am accredited by the Accreditation Council for Accountancy and Taxationsm in:
☐ Accountancy ☐ Taxation

Applicants for Full Membership must be at least 18 years of age, be a citizen of the United States, have at least two (2) years experience in public practice and be able to furnish satisfactory references as to their experience, character and integrity.

Associate Member Qualifications

- E. ☐ I am a principal in an accounting/tax practice but I do not meet any requirements for Active Membership
- F. ☐ I am an employee of an accounting and/or tax practice but I do not meet any of the requirements for Active Membership
- G. ☐ I am employed in government, a financial institution, private sector business or non-profit entity and my primary duties are in the field of accountancy and/or taxation

Please provide a brief professional history _____

Reason for joining MAA _____

Referred to MAA by _____

This application must be accompanied by applicant's first year membership dues, application fee, a copy of applicant's professional stationery or business card, and any additional documentation indicated by asterisk*.

Full Member Dues:

\$225.00 Annually

Application Fee: \$110.00

Associate Member Dues:

\$175.00 Annually

Application Fee: \$85.00

I hereby state that the accompanying statements are correct to the best of my knowledge and belief. I further state that I will abide by the Constitution and Bylaws of the Association and will practice in strict conformity with the Code of Ethics and Rules of Professional Conduct adopted by the Association.

Applicant Signature _____

Date _____