APPLICATION FOR MEMBERSHIP

HAWAII ASSOCIATION OF PUBLIC ACCOUNTANTS

MAIL TO: P.O. BOX 61043 HONOLULU, HAWAII 96839-1043

Please show your name in the box above as you wish it to appear on your HAPA Membership Certificate

Type of membership applying for: ☐ Regular ☐ Associate ☐ Young Professional ☐ Student

Type of practice: ☐ Sole Practitioner ☐ Firm Principal/Owner ☐ Employee ☐ Other

Mailing Address _____
Street City State Zip Code

Residence Address_____
Street City State Zip Code

Business Phone ( )_____ Ext. _____ Cellphone ( )_____ Fax ( )_____

Residence Phone ( )_____ E-mail Address_____

Name of Firm_____No. of Principals _____

Names of Principals _____ _____

_____ _____

Number of Employees_____Date of Birth_____Are you enrolled to practice before the IRS?_____

No. of years experience in public practice _____ No. of years experience in accounting/taxation _____

Are you a Certified Public Accountant? _____ If yes, CPA Number & State_____

Do you have a current permit to practice? ☐ Yes ☐ No Are you engaged in another trade, business or profession?

If Yes, please describe: _____

National or state accounting organizations in which you now hold membership: _____

_____

College or University degree: Degree_____Institution _____

I hereby state that the accompanying statements are correct to the best of my knowledge and belief. I further state that if I am accepted as a member, I will abide by the Constitution and Bylaws of the Hawaii Association of Public Accountants, and will practice in strict conformity with the Code of Ethics and Rules of Professional Conduct adopted by the Association. In the event my membership is terminated for any reason, I agree to return my Membership Certificate.

My first year's dues are attached. I understand that my first year's dues will not be prorated to the end of the fiscal year (June 30). If for any reason my application is rejected, it is understood that my dues will be refunded in full.

_____ _____ _____
Date *Signature of Applicant* *Sponsor (HAPA member) required*

DUES SCHEDULE

Membership dues are $140 per year for Regular (CPA or PA) and Associate Members, $70 for Young Professionals (35 years or younger) and $10 for Students (full-time, non-voting member).

Please submit a check for one year's dues payable to "Hawaii Association of Public Accountants" with this application, attach a copy of your stationery or business card, and mail to: **HAPA, P.O. Box 61043, Honolulu, HI 96839-1043**

FOR HAPA OFFICE USE ONLY: Amount _____ Date Received_____ Control Number_____

Chapter or State Officer approving membership:

_____ _____ _____
Signature *Title* *Date*