



GEORGIA ASSOCIATION OF ACCOUNTANTS AND TAX PROFESSIONALS
 P. O. Box 236
 HIRAM, GA 30141
 770-439-2000

MEMBERSHIP APPLICATION

INFORMATION

Type of Membership:		Name		
<input type="checkbox"/> Active	\$130	Mailing Address		
<input type="checkbox"/> Associate	\$70	City	State	Zip
<input type="checkbox"/> Student	\$35	Business Phone		
<input type="checkbox"/> Out of State	\$35	Cell Phone		
<input type="checkbox"/> Retired	\$35	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		# of Employees		
<input type="checkbox"/> Employee				

PROFESSIONAL EXPERIENCE AND QUALIFICATIONS

Yes <input type="checkbox"/>	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	
<input type="checkbox"/>	Are you engaged in any other trade, business or profession? If yes, explain:	
<input type="checkbox"/>	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

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:

Norma Ogle, Executive Director
 Georgia Association of Accountants and Tax Professionals
 P. O. Box 236
 Hiram, GA 30141
services@gaatp.org 770-439-2000 Fax 866-596-4912