



Wisconsin Institute of
Certified Public Accountants

Wisconsin Institute of Certified Public Accountants
235 N. Executive Drive, Suite 200 • P.O. Box 1010 • Brookfield, WI 53008-1010
(262)785-0445 • (800)772-6939 • FAX (262)785-0838
www.wicpa.org

APPLICATION FOR MEMBERSHIP

(Please print or type and complete application in detail) (Please state maiden name if different than below _____)

I _____ hereby apply to be admitted as a
(Full name as you want on Certificate)
member of the Wisconsin Institute of Certified Public Accountants. I agree to abide by the decisions of the Board of Directors as to this application.

CURRENT STATUS

EMPLOYED UNEMPLOYED STUDENT OTHER EXPLAIN: _____

RESIDENT INFORMATION

RESIDENCE ADDRESS (STREET)		TELEPHONE #
CITY	STATE	ZIP CODE
P.O. BOX #	CITY	ZIP CODE

EMPLOYER INFORMATION

EMPLOYER NAME	POSITION/TITLE	EMAIL ADDRESS	
EMPLOYER TELEPHONE #	DIRECT TELEPHONE #	EMPLOYER FAX NUMBER	DIRECT OFFICE FAX NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE
P.O. BOX #	CITY	STATE	ZIP CODE

If you are an applicant practicing on your own account, please list date you founded your firm and enclose a letterhead marked sample. List a WICPA member or other person who is qualified to serve as a reference source for this information.

REFERENCE

TYPE OF EMPLOYMENT TYPE OF BUSINESS EMPLOYED IN (CHECK ONLY ONE)

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Local CPA Firm (One Owner) | <input type="checkbox"/> Agribusiness | <input type="checkbox"/> Extractive/Mining | <input type="checkbox"/> Insurance | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Local CPA Firm (Multiple Owners) | <input type="checkbox"/> Business Services | <input type="checkbox"/> Financial/Banking | <input type="checkbox"/> Legal/Law | <input type="checkbox"/> Retail/Sales & Services |
| <input type="checkbox"/> Regional CPA Firm | <input type="checkbox"/> Communications | <input type="checkbox"/> Government-Federal | <input type="checkbox"/> Leisure Time | <input type="checkbox"/> Software |
| <input type="checkbox"/> National CPA Firm | <input type="checkbox"/> Computer | <input type="checkbox"/> Government-Local | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Telecommunications |
| | <input type="checkbox"/> Construction | <input type="checkbox"/> Government-Misc. | <input type="checkbox"/> Not-For-Profit | <input type="checkbox"/> Transportation |
| | <input type="checkbox"/> Consulting | <input type="checkbox"/> Government-State | <input type="checkbox"/> Public Utilities | <input type="checkbox"/> Wholesale |
| | <input type="checkbox"/> Education | <input type="checkbox"/> Health Care | <input type="checkbox"/> Real Estate | |

CPA EXAM / CERTIFICATES

Date CPA Examination Passed _____ / _____ State _____ (If you passed the CPA exam in a state

other than Wisconsin and have not received your CPA Certificate, please include a copy of your notification of passage. REQUIRED.)

Do you hold a Certified Public Accountant Certificate? YES NO (If you do not hold a CPA Certificate from Wisconsin, but do hold one from another state, please include a copy of your CPA Certificate. REQUIRED.)

STATE	DATE ISSUED	CERTIFICATE NUMBER
WISCONSIN		

Are you **currently** licensed to practice Public Accounting in Wisconsin? YES NO

Has any CPA Certificate issued to you ever been suspended or revoked? YES NO (If Yes, please submit details)

GENERAL INFORMATION

ADDRESS PREFERRED FOR WICPA MAILINGS:	RESIDENCE <input type="checkbox"/>	BUSINESS <input type="checkbox"/>	GENDER: MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
DATE AND PLACE OF BIRTH	CITIZEN OF	HAVE YOU EVER BEEN CONVICTED BY ANY COURT OR OTHER BODY OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> <small>If yes, please submit details.</small>		
HAVE YOU PREVIOUSLY BEEN A MEMBER OF WICPA? <small>(If yes, please submit details)</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU A MEMBER OF THE AICPA? YES <input type="checkbox"/> NO <input type="checkbox"/>		<small>If yes, date joined?</small>

EMPLOYMENT HISTORY

Position and your professional employment record for the past ten years or since graduation, whichever is the shortest time

EMPLOYER/FIRM	ADDRESS	POSITION	FROM	TO

ARE YOU A PAST WICPA SCHOLARSHIP RECIPIENT? YES NO DATE SCHOLARSHIP RECEIVED _____

EDUCATION

EDUCATIONAL HISTORY (High School, College and University)		MAJOR:	
SCHOOL	CITY AND STATE	PERIOD OF ATTENDANCE	DEGREE(S)

WICPA MEMBER ENDORSEMENT

Endorsed and recommended for membership by a member of the Wisconsin Institute of Certified Public Accountants.

 Print Endorsing Members Name

 Endorsing Members Employer

 Location

FREE WICPA BASEBALL CAP OR TOTE BAG

Once your membership has been confirmed, you will receive a membership packet that includes a free gift. Please check below which gift you would like to receive:

- Baseball Cap
 Tote Bag

I hereby certify that the information I have provided is correct to the best of my knowledge and belief. I further certify that I have not suppressed any information which might have a bearing upon this application; and upon being elected a member, I agree to abide by the Constitution, By-Laws and Rules of Professional Conduct of the Wisconsin Institute of Certified Public Accountants.

SIGNATURE _____ DATE _____

ENCLOSED IS MY PAYMENT OF \$30.00 COVERING THE ENTRANCE FEE OR REINSTATEMENT FEE. I understand that I will be billed for my annual dues once elected to membership.

Return to: Wisconsin Institute of Certified Public Accountants, 235 N Executive Drive, Suite 200, P.O. Box 1010, Brookfield, WI 53008-1010, Telephone: (262) 785-0445

Method of Payment: Check Enclosed Mastercard Visa

Card Number _____ CVV#/CSV# _____ Expiration Date _____
 (3 Digit # on back of card)

Signature _____ Card Type: Corporate Personal

MEMBERSHIP

Extracts from the Constitution regarding membership

ARTICLE II. MEMBERSHIP

Section 2. *Fellow.* A Fellow shall be a person who has obtained and who holds a certificate as a Certified Public Accountant duly issued by and under an authority of the Wisconsin Accounting Examining Board or duly issued under the laws of any other State.

Section 4. *Associate.* Any person, who in any state, possession or territory of the United States, or in the District of Columbia, has officially passed the uniform examination for certified public accountant prescribed by the American Institute of Certified Public Accountants, is eligible to be elected an Associate Member. An Associate member shall automatically become a Fellow when his certificate as a Certified Public Accountant is issued by the State Board of Accountancy of the State of Wisconsin or by a similar body in any other state.