



Public Accountants Association of Kansas

• PAAK MEMBERSHIP APPLICATION •

Please print your name on the above line as you wish it to appear on your certificate.

PLEASE FILL OUT THE FOLLOWING INFORMATION

Name: _____
Home Address: _____
City, State, Zip: _____
Home Phone: _____

Are you...

...Enrolled to Practice Before the Internal Revenue Service? Yes No
If yes #: _____
...A Certified Public Accountant? Yes No
If yes #: _____
...Accredited by the Accreditation Council of Accountancy? Yes No
...Are you a member of NSA? Yes No

Tell us about yourself:

Date of Birth: ____/____/____
Spouse Name: _____
College or University: _____

Tell us about your practice:

- Sole Practitioner Educator
Partner Student
Employee Retired
Corporate Officer

Business Name: _____
Street Address: _____
P.O. Box: _____
City, State, Zip: _____
Business Phone: _____ Business Fax: _____
Email: _____

Experience in accounting: _____ years
Experience in public practice: _____ years
Are you engaged in any other trade, business or profession? Yes No
If yes, is your principle source of earned income derived from the public accounting profession? Yes No

I have enclosed my dues for \$150. I understand that my second year's dues will be prorated to the end of the membership fiscal year (Dec. 31) upon the date of application approval. Annual dues also include my subscription to the Kansas Public Accountant. I also agree to complete 30 CPE Credits each year as a condition of continued membership.

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. In the event that this application is not approved, I understand that my remittance will be returned to me.

SIGNATURE OF APPLICANT _____ DATE ____/____/____

SPONSOR _____

IMPORTANT: A copy of your professional stationery or business card must accompany this application.

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STAFF

Joyce E. Schartz ADMINISTRATIVE SECRETARY

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www.paak.org

PAAK USE ONLY

AMOUNT _____ DATE RECEIVED ____/____/____ APPROVAL _____