



APPLICATION FOR MEMBERSHIP

Wisconsin Institute of Certified Public Accountants

235 N. Executive Drive, Suite 200, Brookfield, WI 53005
262-785-0445 • 800-772-6939 • Fax : 262-785-0838 • wicpa.org

Using our online PDF form.

Thank you for choosing to become a member of the Wisconsin Institute of Certified Public Accountants. We would like to share a few pieces of information to make using our PDF form easier.

If you choose to e-mail this form to us:

We **require** a signature with our application. This PDF form has digital signatures which enables you to sign the form. To use the digital signature embedded in the form **you must have Adobe Acrobat Reader 8 or higher**. There are two options available when using a digital signature.

1. **If you DO NOT have a scanned signature:** Double-click on the signature field and a Wizard will open giving you step by step instructions to create a digital signature. The digital signature you create is binding and will be

considered the same as your written signature. You may save your digital signature to use in other PDF forms containing digital signatures.

2. **If you DO have a scanned copy of your written signature, you may use this as your signature.** As in step one, double-click on the signature field and the Wizard will open. In the first window look for the word **APPEARANCE**. Next to it is a drop down menu. Click the menu and select Create **NEW APPEARANCE**. A new window will open. Go to where it says **CONFIGURE GRAPHIC** and click the button **IMPORTED GRAPHIC**. Next to it Import Graphic From will become visible with a drop down menu labeled **FILE**. Click on the on the drop down menu and a new window will open. There you will see a **BROWSE** button. Click that button and browse to the location where your signature is saved. From there, use the Wizard to complete your digital signature.



APPLICATION FOR MEMBERSHIP

Wisconsin Institute of Certified Public Accountants
235 N. Executive Drive, Suite 200, Brookfield, WI 53005
262-785-0445 • 800-772-6939 • Fax : 262-785-0838 • wicpa.org

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

I _____ hereby apply to be submitted 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.

How did you hear about WICPA Membership? (Check one) Member Firm Publication Marketing Other _____

GENERAL INFORMATION

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

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 | E-MAIL ADDRESS | |
| EMPLOYER TELEPHONE # | DIRECT TELEPHONE # | EMPLOYER FAX # | DIRECT OFFICE FAX # |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| P.O. BOX # | CITY | STATE | ZIP CODE |

List a WICPA member or other person who is qualified to serve as a reference source for this information.

REFERENCE NAME _____

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"/> Extraction/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 _____
MO. YR.

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.)

EMPLOYMENT HISTORY

Position and your professional employment record for the past 10 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 _____

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 no suppressed any information which might have a bearing upon this application; and upon being selected a member, I agree to abide 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 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, Brookfield, WI 53005. Telephone: 262-785-0445.

Method of Payment: Check Enclosed MasterCard Visa Card Type: Corporate Personal

Card Number _____ CVV#/CSV# _____ Expiration Date _____

Signature _____

MEMBERSHIP

Extracts from the Constitution regarding membership Section 1.2

A. Fellows. A person shall be eligible to be accepted for membership as a Fellow if, at the time of admission, he or she holds a valid certificate as a Certified Public Accountant from the Accounting Examining Board of the State of Wisconsin, or from a similar legally constituted authority in any other state, possession or territory of the United States or the District of Columbia.

B. Associates. A person shall be eligible to be accepted for membership as an Associate if, at the time of admission, he or she has officially passed, in any state, possession or territory of the United States or the District of Columbia, the uniform examination for Certified Public Accountants prescribed by the American Institute of Certified Public Accountants, but if he or she is not yet eligible to be a Fellow.

C. Non-CPA Student Members. A person shall be eligible to be accepted for membership as a Non-CPA Student Member if, at the time of admission, he or she has not officially passed the uniform examination for Certified Public Accountants as required for an Associate under Section 1.2-B above, and who at the time (i) is a full-time or part-time

student at a college or university in Wisconsin, whose graduates are eligible to sit for the Certified Public Accountant examination in Wisconsin, or he or she plans to enroll at such an institution within the following six months, (ii) is majoring or otherwise concentrating his or her study in the field of accounting, or intends to so major or concentrate within the following six months, and (iii) holds no less than 60 credits towards a bachelors degree at such an institution, or holds a third year ("junior") status at such an institution. The CEO may at the time an application for membership is submitted under this Section 1.2-C, and/or from time to time thereafter, require such information and documentation from applicants or continuing members as is necessary or appropriate to determine whether an applicant or member meets or continues to meet the requirements of the Section 1.2-C.

D. Affiliates. A person shall be eligible to be accepted for membership as a Professional Affiliate if, at the time of submission, he or she: (a) has graduated with 150 credit hours and is eligible to sit for the CPA Exam and (b) has not officially passed, in any state, possession, or territory of the United States or the District of Columbia, the uniform examination for Certified Public Accountants prescribed by the American Institute of Certified Public Accountants. Affiliate eligibility will end five years after obtaining eligibility to sit for the CPA Exam.