IOWA SOCIETY OF LICENSED PUBLIC ACCOUNTANTS
APPLICATION FOR MEMBERSHIP

I hereby make membership as a member in the Iowa Society of Licensed Public Accountants and agree to observe and be governed by the bylaws and rules of ethics and professional conduct of the Society.

1. **Name**_____ _____
Last First Middle Initial Social Security #

2. **Business Affiliation**_____
Company Name Position
_____
Street City & State Zip

Phone_____ **Fax**_____ **E-Mail**_____

3. **Mailing Address** _____
Street City & State Zip

Phone_____ **Fax**_____ **E-Mail**_____

(Please indicate by "X" the address to which mail should be sent)

4. **Date and Place of Birth**_____

5. **Iowa LPA certificate number**_____**Date of Issue**_____**Permit Card No**._____

CPA number_____ **Enrolled Agent Number**_____

6 **Employment History** (in chronological order) for past 10 years.

Employer	Address	Positon	Date: From-To

Number of years experience in accounting_____Are you engaged in full-time public practice?_____
Are you engaged in any other trade, business or profession?_____

If approved for membership, would you be willing to serve on a committee?_____

I will abide by the Constitution and By-Laws of the Iowa Society of Licensed Public Accountants, and will conform with Rules of Professional Conduct, and I agree to return to the Iowa Society of Licensed Public Accountants my membership certificate in the event of termination of my membership for any reason.

_____ _____
Date Signed Title

Initiation fee of $25.00 shall accompany this application. Dues will be billed.

RETURN TO: The Iowa Society of Licensed Public Accountants
P.O. Box 66
Carroll, IA 51401

ANNUAL DUES:

Full Memberhsip	$75
Retired	$25

OFFICE USE ONLY:
Officer Approving Membership: _____
_____
Date Signed