



## Membership Application

### MAILING INSTRUCTIONS:

Mail to: ASWA Orange County Chapter c/o Millie Culpepper 3857 Birch Street, PMB 169, Newport Beach, CA 92660  
 or email to: [vp.membership@aswaoc.org](mailto:vp.membership@aswaoc.org)  
 ASWA Orange County website: [www.aswaoc.org](http://www.aswaoc.org)

New Member       Reapplying Member      Member # (for reapplying members only) \_\_\_\_\_

Please check your preferred mailing address:

Residence Address

Business Address

Last Name	First Name	Firm Name	
Address		Firm Address	
City	State	Zip	
City	State	Zip	
Phone	Fax	Phone	Fax
E-Mail	E-Mail		

<b>ANNUAL NATIONAL DUES</b> Choose one →	<input type="checkbox"/> <b>Regular:</b> (NEW \$112)* Hold a CPA certificate or equivalent <b>or</b> two or more years experience in accounting <b>or</b> Bachelor's degree <input type="checkbox"/> <b>Affiliate:</b> (NEW \$112)* Not actively engaged in accounting <b>or</b> have a substantial interest in accounting <input type="checkbox"/> <b>Student/Associate:</b> (\$36) Regularly enrolled student <b>or</b> fewer than two years experience in accounting	\$
<b>ANNUAL CHAPTER DUES</b> <b>ORANGE COUNTY CHAPTER</b>	ASWA has over 75 local chapters. If there is a chapter within 50 miles, pay both National and Chapter Dues <b>Regular/Affiliate: \$54 or Student/Associate: \$21</b>	\$
<b>MEMBERSHIP APPLICATION FEE</b>	<b>*Fee for all NEW and REAPPLYING Regular/Affiliate Memberships</b>	\$25
<b>Total</b> (National Dues + Chapter Dues + Membership Application Fee)		\$

**Payment for national and chapter dues must be submitted directly to your local chapter. Unless you are applying to become a member-at-large, any dues submitted to National Headquarters will be returned to you so that you may submit them to the chapter.**

**METHOD OF PAYMENT**

My check made payable to ASWA is enclosed.

Visa     MasterCard     American Express

Card Number \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as Appears on Card \_\_\_\_\_ Signature \_\_\_\_\_

**ASWA dues may be deductible as a business expense, but not as a charitable contribution for federal tax purposes.**

**CHAPTER VERIFICATION** (Applicant will not be considered paid in full unless **BOTH** national and chapter dues are received.)

Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_

Chapter Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHAPTER USE ONLY:**

Upon approval, chapters should mail applications with **check** payments to:  
 ASWA Lockbox, PO Box 826131, Philadelphia, PA 19182-6131  
 Upon approval, chapters should fax, email or mail applications with **credit card** payments to:  
 ASWA National Headquarters, 1760 Old Meadow Road, Suite 500, McLean, VA 22102  
 Phone: 703-506-3265 Fax: 703-506-3266 E-mail: [aswa@aswa.org](mailto:aswa@aswa.org)

**Thank you for joining ASWA. For a list of member benefits, please visit the National website at [www.aswa.org](http://www.aswa.org) or the ORANGE COUNTY CHAPTER website at [www.aswaoc.org](http://www.aswaoc.org)**



## Membership Application

**Demographics**

Marital Status     Single     Married     Divorced     Widowed

Ethnic Origin \_\_\_\_\_

Does your employer pay your membership dues?     Yes     No

Age                     Under 25             45-54  
                            25-34               55-64  
                            35-44               65+

Salary Range         Under 50K         101-150K  
                            50-75K            150K +  
                            76-100K

Business setting     Agribusiness                             Insurance                             Religion  
                            Automotive                             International Business         Restaurant/Food Service  
                            Banking/Lending                     Investments                         Retail/Wholesale  
                            Construction/Real Estate Dev     Law                                     Tax – Corporate/Personal  
                            Education                             Manufacturing                     Tech/Software/Computers  
                            Financial Planning                 Non-Profit/Associations       Tax – Sales & Use  
                            Government                         Oil & Gas                             Transportation  
                            Healthcare/Medical/Hospitals     Public Acct'g/Auditing         Utilities  
                            Human Resources/Staffing        Real Estate/Brokerage         Other \_\_\_\_\_

Business Size         Under 100 employees                 1,001+ employees  
                            100 – 1,000 employees               I am unemployed

Years of Experience     0-2                     11-20  
                            3-5                     20+  
                            6-10

Job Classification     Audit                                     Financial Analysis                 Sole Practitioner  
                            Budget Planning                     General Accounting               Tax  
                            Consultant                             Management Accounting         Other \_\_\_\_\_  
                            Cost Accounting                     Retired

Highest Degree         PhD                     MBA                     BA/BS  
                            JD                      MA/MS                 Associate  
                            Other \_\_\_\_\_

Professional Affiliations     AICPA                 NSA  
                            AWSCPA             State Accounting Society  
                            IMA                     Other \_\_\_\_\_

Designation             CPA     CFP     Other \_\_\_\_\_

Job Title                 Accountant – Staff                     CFO                                     Owner/Partner  
                            Accountant – Senior                 Manager - Office                 President/CEO  
                            Controller                             Manager - Accounting         Other \_\_\_\_\_

<b><u>SIGNATURE</u></b>	
_____ <b>Applicant's Signature*</b>	_____ <b>Date</b>
_____ <b>Sponsor's Signature</b>	_____ <b>Sponsor's Member ID</b>

\*By signing this application, I certify that all information given herein is true and accurate to the best of my knowledge.



## Summary of Membership Fees

### Regular/Affiliate New-Membership

(Regular: Hold a CPA certificate or equivalent or two or more years experience in accounting or hold a bachelor's degree in accounting or related field.) (Affiliate: Not actively engaged in accounting)

Annual National Dues	\$	112
Annual Chapter Dues (Orange County Chapter)		54
Membership Application Fee (new and reapplying)		<u>25</u>
Total Annual Membership	\$	<u>191</u>

### Regular/Affiliate Returning-Membership

Annual National Dues	\$	112
Annual Chapter Dues (Orange County Chapter)		<u>54</u>
Total Annual Membership	\$	<u>166</u>

### Student Membership

(Currently enrolled student or fewer than two years experience in accounting)

Annual National Dues	\$	36
Annual Chapter Dues (Orange County Chapter)		<u>21</u>
Total Annual Membership	\$	<u>57</u>