



Membership Application

MAILING INSTRUCTIONS:

Mail to: ASWA Orange County Chapter c/o Jennifer Jeanblanc 3857 Birch Street, PMB 169, Newport Beach, CA 92660
 or email to: vp.membership@aswaoc.org
 ASWA Orange County website: 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
Phone	Fax	Phone	Fax
E-Mail	E-Mail		

ANNUAL NATIONAL DUES Choose one →	<input type="checkbox"/> Regular – (\$108) 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 <input type="checkbox"/> Affiliate – (\$108) Not actively engaged in accounting or have a substantial interest in accounting <input type="checkbox"/> Student/Associate - (\$35) Regularly enrolled student or fewer than two years experience in accounting	\$
ANNUAL CHAPTER DUES ORANGE COUNTY CHAPTER	ASWA has over 75 local chapters. If there is a chapter within 50 miles, pay both National and Chapter Dues	\$54
MEMBERSHIP APPLICATION FEE	Fee for all NEW and REAPPLYING Regular and Affiliate Memberships <i>[not applicable to student memberships]</i>	\$25
Total [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

Thank you for joining ASWA. For a list of member benefits, please visit the National website at www.aswa.org or the ORANGE COUNTY CHAPTER website at www.aswaoc.org



American Society of Women Accountants

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 _____

SIGNATURE

Applicant's Signature* _____

Date _____

Sponsor's Signature _____

Sponsor's Member ID _____

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

Thank you for joining ASWA. For a list of member benefits, please visit the National website at www.aswa.org or the ORANGE COUNTY CHAPTER website at www.aswaoc.org

Summary of Membership Fees

Regular Membership

(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.)

Annual National Dues	\$ 108
Annual Chapter Dues (Orange County Chapter)	54
Membership Application Fee	<u>25</u>
Total Annual Membership	<u>\$ 187</u>

Affiliate Membership

(Not actively engaged in accounting)

Annual National Dues	\$ 108
Annual Chapter Dues (Orange County Chapter)	54
Membership Application Fee	<u>25</u>
Total Annual Membership	<u>\$ 187</u>

Student Membership

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

Annual National Dues	\$ 35
Annual Chapter Dues (Orange County Chapter)	<u>54</u>
Total Annual Membership	<u>\$ 89</u>