



Virginia Society of Tax & Accounting Professionals  
 PO Box 651284, Potomac Falls, VA 20165-1284  
 Tel: 800-927-2731  
 Eml: [asv@virginia-accountants.org](mailto:asv@virginia-accountants.org)  
 Web: [www.Virginia-Accountants.org](http://www.Virginia-Accountants.org)

# Membership Application

Name: \_\_\_\_\_  
 Prefix First Middle Last Suffix Accreditation(s)

Print how you wish your name to appear on membership certificate: \_\_\_\_\_

Home Street Addr: \_\_\_\_\_ Suite/Box/Apt No. \_\_\_\_\_

City, ST, Zip, Country (if outside US): \_\_\_\_\_

Home Tel: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company Street Address: \_\_\_\_\_ Suite/Box/Apt No. \_\_\_\_\_

City, ST, Zip Country (if outside US): \_\_\_\_\_

Company Tel: \_\_\_\_\_ Company Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ PTIN No. (Required): \_\_\_\_\_

### MEMBERSHIP DUES (PLEASE SELECT ONE)

- \_\_\_\_\_ Active Member ..... \$145
- \_\_\_\_\_ Associate Member ..... \$145
- \_\_\_\_\_ Out-of-State ..... \$125
- \_\_\_\_\_ Student Member ..... \$ 50

See reverse for descriptions, benefits and requirements.

SEND MAIL TO: \_\_\_\_\_ Home or \_\_\_\_\_ Business

### HOW DID YOU HEAR ABOUT VSTAP?

- \_\_\_\_\_ Friend/Co-worker \_\_\_\_\_ Employer
- \_\_\_\_\_ Internet Search \_\_\_\_\_ Certification Program
- \_\_\_\_\_ Direct Mail \_\_\_\_\_ Educational Event
- \_\_\_\_\_ Other: \_\_\_\_\_

### PAYMENT OPTIONS

\_\_\_\_\_ Check made payable to VSTAP enclosed;  
 \_\_\_\_\_ Credit Card: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express Security Code: \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Name as appears on card: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City, ST, Zip: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DUES PAYMENT POLICY

Payment of dues is required in full with the application. Membership dues are payable as of July 1 and run through June 30. This application is subject to approval by the VSTAP Membership Committee Chairman. Deposit of your payment does not imply acceptance in membership. Applicants not received in membership will be given a full refund.

### AFFILIATION

Your type of Practice:  
 \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Practitioner \_\_\_\_\_ LLC \_\_\_\_\_ LLP  
 \_\_\_\_\_ Other \_\_\_\_\_

Your role in the Practice:  
 \_\_\_\_\_ Sole Practitioner \_\_\_\_\_ Partner \_\_\_\_\_ Principal \_\_\_\_\_ Employee  
 \_\_\_\_\_ Other \_\_\_\_\_

Years of Accounting/Taxation experience: \_\_\_\_\_

Are you an Electronic Return Originator? \_\_\_\_\_ Yes \_\_\_\_\_ No Year designated? \_\_\_\_\_

Professional Accounting/Taxation Organization to which you belong? \_\_\_\_\_

**MEMBERSHIP CATEGORIES**

**APPLICANTS MUST APPLY AT THE HIGHEST LEVEL OF MEMBERSHIP THAT THEY ARE ELIGIBLE.**

       **ACTIVE MEMBER:** Active Members are required to meet continuing education requirements, completing a minimum of 60 CPEs in each three (3) year reporting cycle and 2 CPEs of Ethics per year. Active Members must be in public practice and meet at least one of the following requirements:

(Check all that apply)

       I have a valid permit/license granted under state law for public practice of accountancy and/or taxation:

       Public Accountant License No./State \_\_\_\_\_

       Accounting Practitioner License No./State \_\_\_\_\_

       Tax Permit/License License No./State \_\_\_\_\_

       Certified Public Accountant License No./State \_\_\_\_\_

       I am accredited by the Accreditation Council for Accountancy and Taxation in:

       Accountancy        Tax Preparation        Tax Advising

       I am enrolled to practice before the IRS. Enrollment No. \_\_\_\_\_

       I have an Associate, Baccalaureate, or higher degree with a minimum of 24 semester hours in Accountancy  
Highest degree is: \_\_\_\_\_

       I have 3+ years experience in public Accounting and/or Taxation.

       **ASSOCIATE MEMBER:** Associate Members, who are not eligible to vote or hold office, do not need to meet continuing professional education requirements. If you have the following qualifications, you are eligible for Associate Membership.

(Please check one)

       I am an owner, partner or employee of an accounting and/or tax firm and do not meet Active Membership requirements;

       I am employed in government, a financial institution, private sector business, or a non-profit entity. My responsibilities are accounting and/or taxation.

       I have attained the age of 65 years or older and have retired from public practice.

       **OUT-OF-STATE MEMBER:** Out-of-State Member who resides and conducts business out of state and shall have the same rights as Associate Members.

       **STUDENT MEMBER:** Student Members who are currently enrolled in an Accounting Education Program and shall have the same rights as Associate Members. Student Members must submit current semester schedule with application.

Name of School: \_\_\_\_\_ # Acct. Credits: \_\_\_\_\_

**IRS:** We have entered into an agreement with the Office of Professional Responsibility, Internal Revenue Service, to meet the requirements of 31 Code of Federal Regulations, section 10.6(g), covering maintenance of attendance records, retention of program outlines, qualifications of instructors and length of class hours. This agreement does not constitute an endorsement by the Office of Professional Responsibility as to the quality of the program or its contribution to the professional competence of the enrolled individual. Sponsor Number: TATHT.

**NASBA:** VSTAP (Accountants Society of Virginia) is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be addressed to the National Registry of CPE Sponsors, 150 Fourth Avenue North, Suite 700, Nashville, TN, 37219-2417. Web site: www.nasba.org - NASBA # 103365.

**ARE YOU INTERESTED IN SERVING ON AN ASV COMMITTEE?**        Yes        No

If yes, check the committee below:

       Annual Convention        Audits        Bylaws /Constitution

       Education        Ethics & Grievance        Exhibitor Sales

       Legislative        Membership        Newsletter

       Public Relations        Scholarship

       Other: \_\_\_\_\_

Office Use Only:

Membership Number: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby state that the above statements are correct to the best of my knowledge and belief.

I agree to abide by the Bylaws of the Society and will practice in strict conformity with the Code of Ethics and Rules of Professional Conduct adopted by the Society. Please go to www.Virginia-Accountants.org or call 800-927-2731 for VSTAP's Code of Ethics and Rules of Professional Conduct.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_