



American Society of Women Accountants

Membership Application

Applicants please mail applications with **check** payments to:
ASWA Lockbox, PO Box 826131, Philadelphia, PA 19182-6131
Please 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

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
_____	_____	_____
Phone	Fax	Phone
_____	_____	_____
E-Mail	E-Mail	
_____	_____	

ANNUAL NATIONAL DUES Choose one →	<input type="checkbox"/> Regular – (\$112) 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 – (\$112) Not actively engaged in accounting or have a substantial interest in accounting <input type="checkbox"/> Student/Associate - (\$36) Regularly enrolled student or fewer than two years experience in accounting	\$
ANNUAL CHAPTER DUES To identify chapter dues, click here and select the chapter closest to you.	ASWA has over 75 local chapters. If there is a chapter within 50 miles, pay both National and Chapter Dues	\$
MEMBERSHIP APPLICATION FEE	Fee for all NEW and REAPPLYING <u>Regular and Affiliate Memberships</u>	\$25
	Total (National Dues + Chapter Dues + Membership Application Fee)	\$

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

METHOD OF PAYMENT		
<input type="checkbox"/> My check made payable to ASWA is enclosed.		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Card Number _____	Security Code _____	Exp. Date _____
Name as Appears on Card _____		Signature _____

CHAPTER INFORMATION (Applicant will not be considered paid in full unless BOTH national and chapter dues are received.)	
Chapter Name _____	Chapter No. _____

Thank you for joining ASWA. For a list of member benefits, please visit www.aswa.org.



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Demographics

Does your employer pay your membership dues? Yes No Closely held/owner

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

Salary/Income 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 25 employees 1,001+ employees
 26 - 100 employees Sole practitioner
 101 – 1,000 employees I am unemployed

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

Area(s) of Practice Audit General Accounting
 Budget Planning Management Accounting
 Consultant Retired
 Cost Accounting Tax
 Financial Analysis Other _____

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

Professional Affiliations AICPA NSA
 AWS CPA State Accounting Society
 IMA Other _____

Designation CPA CFP CMA Other _____

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

<u>SIGNATURE</u>	
_____	_____
Applicant's Signature*	Date

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

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