

MEMBERSHIP APPLICATION FORM

NAME OF COMPANY/INSTITUTION		BOA ACCREDITATION NO.
OFFICE ADDRESS		
TELEPHONE NO.	FAX NO.	EMAIL ADDRESS
NUMBER OF CPAs WORKING IN THE FIRM		NUMBER OF PERSONNEL
NAME OF APPLICANT		POSITION
		BOA ACCREDITATION NO., <i>if any</i>
NUMBER OF YEARS IN PUBLIC PRACTICE	CPA LICENSE NO.	DATE ISSUED
MOBILE NO.	BIRTHDAY	EMAIL ADDRESS

CHECKLIST FOR NEW INSTITUTIONAL MEMBER:

- SEC/DTI Certificate of Registration
- Updated Articles of Partnership
- BOA Certificate of Accreditation of the Partnership or of the Sole Proprietor
- Photocopy of updated CPA License ID
- Certificate of Employment
- Colored 2x2 ID Photo

CHECKLIST FOR ADDITIONAL INDIVIDUAL MEMBER:

- Must be a partner or staff or sole proprietor
- Comprehensive Resume of Applicant
- Photocopy of updated CPA License ID
- Certificate of Employment
- Colored 2x2 ID Photo

ANNUAL FEES:
INSTITUTIONAL:

1-10 prof. personnel	P2,500.00
11-20	P4,500.00
21-50	P8,500.00
51-100	P15,000.00
101-200	P20,000.00
over 200	P30,000.00
ADDITIONAL INDIVIDUAL MEMBER:	
	P500.00 each

CONSENT: In compliance with the Data Privacy Act (DPA) of 2012, and its Implementing Rules and Regulations (IRR) effective since September 8, 2016, I hereby authorize the Association of Certified Public Accountants in Public Practice (ACPAPP) to facilitate my membership in the organization. I give my consent to ACPAPP to keep and secure my personal information until the time that I revoke it or ask it to be deleted from the organization's database. I also understand that I can ask it to be modified, ported or edited by myself upon request.

 Signature above Printed Name

 Date

I confirm my membership with ACPAPP and the correctness of the information indicated above. I do hereby swear that I will support and abide by the Constitution and By-Laws of the Association participate actively in all its activities, and defend the aims and principles for which the Association was created.

 Applicant's Printed Name / Signature

 Date

Referred by:

 Name and signature of Designated Representative
 of Institutional Member

 Date

 (FOR ACPAPP USE ONLY)

On behalf of the ACPAPP Board of Directors, we approve this application for membership in ACPAPP.

 Liaison Director, Membership Development

 President

Use of data policy: Information attained from this registration is used only for the intended purpose stated at the time that the information is collected. This data is not shared with other entities in the network for secondary or unrelated purposes, or shared with a third party, unless otherwise disclosed at the point of collection. If there is an instance where such information may be shared, the person will be asked for permission beforehand.