



Association of Certified Public Accountants in Public Practice

2308 Cityland 10 Tower 1, H.V. Dela Costa St. Salcedo Village, Makati City
 Tel No.: 7934-7447 | Mobile No.: 0927-579-4223 | secretariat@acpapp.org | www.acpapp.org.ph

MEMBERSHIP APPLICATION FORM

RECENT 2X2
 PICTURE (color
 photo with white
 background)

INSTITUTIONAL MEMBER INDIVIDUAL MEMBER ASSOCIATE MEMBER

NAME OF COMPANY/SOLE PRACTITIONER	BOA ACCREDITATION NO.	TAX IDENTIFICATION NO. (TIN)
OFFICE ADDRESS		
TELEPHONE NO.	EMAIL ADDRESS	NUMBER OF PROFESSIONAL PERSONNEL

NAME OF APPLICANT	POSITION	BOA ACCREDITATION NO., if any	
NUMBER OF YEARS IN PUBLIC PRACTICE	CPA LICENSE NO.	TIN	SSS
MOBILE NO.	EMAIL ADDRESS	BIRTHDAY	

CHAPTERS: <input type="checkbox"/> Baguio-Benguet-La Union-Isabela Santiago <input type="checkbox"/> Batangas <input type="checkbox"/> Bulacan <input type="checkbox"/> Cavite <input type="checkbox"/> Cebu <input type="checkbox"/> Central Luzon	<input type="checkbox"/> Ilocos <input type="checkbox"/> Laguna <input type="checkbox"/> Negros Occidental <input type="checkbox"/> Northern Mindanao <input type="checkbox"/> Panay <input type="checkbox"/> Pangasinan <input type="checkbox"/> Rizal	<input type="checkbox"/> SOCCSKSARGEN <input type="checkbox"/> Southern Bicol <input type="checkbox"/> Southern Mindanao <input type="checkbox"/> National Office (within Metro Manila) <input type="checkbox"/> New: _____ (please indicate)
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CHECKLIST FOR NEW INSTITUTIONAL MEMBER: <input type="checkbox"/> SEC/DTI Certificate of Registration <input type="checkbox"/> Updated Articles of Partnership <input type="checkbox"/> BOA Certificate of Accreditation of the Partnership or of the Sole Proprietor <input type="checkbox"/> Resume of Applicant <input type="checkbox"/> Photocopy of updated CPA License ID	CHECKLIST FOR ADDITIONAL INDIVIDUAL MEMBER: <input type="checkbox"/> Must be a partner or staff or sole proprietor <input type="checkbox"/> Resume of Applicant <input type="checkbox"/> Photocopy of updated CPA License ID <input type="checkbox"/> Certificate of Employment	ANNUAL FEES: INSTITUTIONAL (inclusive of 1 individual member): 1-10 professional personnel P 3,000.00 11-20 5,000.00 21-50 10,500.00 51-100 18,500.00 101-200 24,500.00 over 200 36,500.00 ADDITIONAL INDIVIDUAL MEMBER: P 800.00
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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.

 Applicant's Printed Name / Signature

 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

(FOR ACPAPP USE ONLY)

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

 Liaison Director, Chapters & 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.

Herewith the list of requirements and qualifications on how to become a member of ACPAPP.

A. Applicant must be:

1. a holder of valid and unrevoked CPA certificates; must have been in public practice for at least three (3) years after qualifying as a CPA;
2. accredited by the Board of Accountancy (BOA) or listed as a partner of the BOA-accredited firm;
3. a partner or staff or sole proprietor of an institutional member;

B. Applicant must submit the ff docs *(please scan individually)*:

1. Completely filled in and signed Membership Application Form with colored 2x2 ID Photo
2. SEC Certificate of Registration, or Updated Articles of Partnership
3. BOA Certificate of Accreditation of the Partnership or the Sole Proprietor
4. Resume of the Applicant
5. Photocopy of updated CPA License ID
6. Certificate of Employment, if staff

C. ANNUAL FEES (inclusive of 1 individual member):

INSTITUTIONAL MEMBERSHIP FEES		
Size of firm (Number of professional personnel)	OLD Rate	Rate effective January 01, 2023
01 – 10	2,500	3,000
11 – 20	4,500	5,000
21 – 50	8,500	10,500
51 – 100	15,500	18,500
101 – 200	20,500	24,500
Over 200	30,500	36,500
INDIVIDUAL MEMBER *	500	800

D. PAYMENT OPTIONS:

Via Bank Transfer or Check:

Bank of the Philippine Islands
Association of CPAs in Public Practice, Inc.
Account No.: 1731-0076-98

Or via GCash (App) Bank Transfer:

1. On the Dashboard, select "Transfer"
2. Select "BPI" as Partner Bank
3. Enter Bank Transfer details (same as above)
4. Click "Send Money", review details then click "Confirm"
5. Scan or print screen payment slip/proof of payment
6. Email proof of payment

To: secretariat@acpapp.org

Cc: acpapp.anc@gmail.com

Subject: Company Name/Full Name, Chapter, and Payment for