

## 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.
OFFICE ADDRESS		
TELEPHONE NO.	EMAIL ADDRESS	NUMBER OF PROFESSIONAL PERSONNEL

NAME OF APPLICANT	POSITION	BOA ACCREDITATION NO., <i>if any</i>
NUMBER OF YEARS IN PUBLIC PRACTICE	CPA LICENSE NO.	BIRTHDAY
MOBILE NO.	EMAIL ADDRESS	CHAPTER

<b>CHAPTERS:</b> <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: <hr style="width: 100%;"/> (please indicate)
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**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
- Resume of Applicant
- Photocopy of updated CPA License ID

**CHECKLIST FOR ADDITIONAL INDIVIDUAL MEMBER:**

- Must be a partner or staff or sole proprietor
- Resume of Applicant
- Photocopy of updated CPA License ID
- Certificate of Employment

**ANNUAL FEES:**

<b>INSTITUTIONAL (inclusive of 1 individual member):</b>	
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
<b>ADDITIONAL INDIVIDUAL MEMBER:</b>	
	P 800.00

**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):

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