

## CALIFORNIA SOCIETY OF ENROLLED AGENTS

3200 Ramos Circle • Sacramento, CA 95827-2513 916/366-6646 • 800/777-2732 FAX 916/366-6674

www.csea.org Email: dstrange@csea.org

## PROFESSIONAL AFFILIATE APPLICATION ☐ Mr.

☐ Mrs. ☐ Ms.	(Please Prin	at All Information)	
Last Name	First Name or Initial	Middle Name or Initial	Nickname
Name as you wi Not	sh it to appear on your Membership Certificate e: Professional designations are not included of	e (if different from above).	Birth Date
Busi	ness Address	Home Address (If differen	t from business address)
Fir	m Name (if any)	Street	Apt / Suite #
Street	Apt / Suite #	City	State Zip
City	State Zip	Telephone No I prefer CSEA mail be sent to my:	umber
Telephone Number	Fax Number	-   ' _	Business Address
F	Email Address	-	
	tegory	☐ Enrolled Actuary  t? ☐ Yes ☐ No	
petition for ProfessionalAffi of Enrolled Agents. I under nated by me at any time, or failure to meet continuing e suspension from eligibility and rules of the Society.	asury Department Circular 230 and had liliate Recognition by the California Section that this recognition may be tended by the Society for non-payment of diducation requirments*, notification of to practice, or as stipulated in the By will abide by all applicable provisions and the rules promulgated in Treat	2. What type of practice do you mile the staff? Self-employed, do you has staff? YES NO 4. How many returns do you put the staff? How did you find out about Enrolled Agents?  Another EA Online	reparing tax returns? ou have?  ork in a firm  Other ave other tax preparers on orepare a year? t the California Society of  Newspaper  Other practice?
as a business expense. Society dues inc currently published six times per year (\$		* Continuing education requirements are Association and are currently 30 hours	
Enrolled Agents) for an addit	`	ID / LICENSE N	UMBER
My payment of <b>\$290.00</b> for th for one-time initiation fee) is en	e first year (\$265.00 for dues and \$25.00 nclosed.	Signature (required for all applican	nts) Date
Charge \$to my: ☐ Visa ☐ Mastercard	□ AMEX □ Check Enclosed	Chapter (If left blank, you will automaticall	ly be affiliated with a Chapter)
Credit Card#	Expiration date	Sponsor (opt  Do you want to be listed in the "Find a  YES NO	
	Not Write In This Space	IMPORTANT: You MUST check the	
Rec'd		receive CSEA information. We do NO or email address to third parties.	
Ск.# Exp Г		☐ I consent to receive communicat CSEA and its Chapters via email, tele	