

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: info@csea.org

Mr. PROFESSIONAL ASSOCIATE APPLICATION Mrs. (Please Print All Information) Ms Last Name First Name or Initial Middle Name or Initial Nickname Name as you wish it to appear on your Membership Certificate (if different from above). Birth Date Note: Professional designations are not included on certificates. **Business Address** Home Address (If different from business address) Firm Name (if any) Street Apt / Suite # Street Apt / Suite # City State Zip City State Zip Telephone Number I prefer CSEA **mail** be sent to my: Telephone Number Fax Number ☐ Home Address ☐ Business Address Email Address Are you registered by the California Tax Education Council? Yes ☐ No Have you ever been an Enrolled Agent? Yes D No Please take a moment to answer the following questions, I am lawfully engaged in the practice of tax. I hereby petition so that we can serve you better! for Professional Associate recognition by the California Society of 1. How long have you been preparing tax returns? Enrolled Agents. I understand that this recognition may be terminated What type of practice do you have? ☐ Self-employed ☐ Work in a firm ☐ Other

3. If self-employed, do you have other tax preparers on by me at any time, or by the Society for non-payment of dues, failure to meet continuing education requirements*, notification of my suspen-☐ YES ☐ NO sion from eligibility to practice, or as stipulated in the Bylaws and rules 4. How many returns do you prepare a year? of the Society. 5. How did you find out about the California Society of Enrolled Agents? I understand and will abide by all applicable provisions of the ☐ An EA ☐ Online ☐ Newspaper ☐ Other California Society's Bylaws and the National Association's Code of 6. In what areas of tax do you practice? Ethics and Rules of Professional Conduct. □ 1040 □ 1041 □ 1065 □ 1120 □ 706 7. Would you like information on becoming an Enrolled ☐ YES ☐ NO Agent? Continuing education requirements are determined by the National Dues are not deductible as a charitable contribution for tax purposes, but may be deductible Association and are currently 30 hours per CPE year (1/1 - 12/31). as a business expense. Society dues include the publication California Enrolled Agent, currently published nine times per year. ☐ I would also like to join NAEA (National Association of ID / LICENSE NUMBER Enrolled Agents) for an additional \$200.00. My payment of \$119.00 for the first year's dues is enclosed. Signature (required for all applicants) Date Charge \$ to my: Visa Mastercard AMEX Check Enclosed Chapter (If left blank, you will automatically be affiliated with a Chapter) Sponsor (optional) Credit Card# Expiration date IMPORTANT: You MUST check the following box to ensure you МО ΥR

Batch#. _____ Exp Dt. _____ Cert Dt. ____

Amt

Please Do Not Write In This Space

IMPORTANT: You MUST check the following box to ensure you receive CSEA information. We do NOT transfer your fax number or email address to third parties.

☐ I consent to receive communications sent by or on behalf of CSEA and its Chapters via email, telephone, or fax.