nae	NATIONAL ASSOCIATION OF ENROLLED A GENTS 202/822-NAEA (6232) Email: info@naea.org	California Society of Enrolled Agents	OF ENROL 3200 Ra Sacramento,	NIA SOCIETY LED AGENTS mos Circle CA 95827-2513 • 800/777-2732			
Mr. Mrs. Ms.		SHIP APPLICATION se Print All Information)					
 Last Name	First Name or Initial	Middle Name or I	nitial	Nickname	-		
 Name as you	u wish it to appear on your Membership Ce Note: Professional designations are not inc	rtificate (if different from above). luded on certificates.		Birth Date	-		
В	usiness Address	Home Add	Home Address (If different from business address)				
	Firm Name (if any)	Street	Street		Apt / Suite #		
 Street	Apt / Suite #	City		State Zip	_		
 City State Zip		I prefer CSEA mail be s	I prefer CSEA mail be sent to my:				
 Telephone Number	Fax Number	Home Addres	ss 🔲	Business Address			
	Email Address	I am interested in volunt	teering in the follo	wing areas:			

Application for Regular Membership:

I am enrolled to practice before the Internal Revenue Service and hereby petition for active membership in the National Association of Enrolled Agents and the California Society of Enrolled Agents. I understand this membership is perpetual during my continued enrollment, but may be terminated by me at any time, or by the Association or the Society for nonpayment of dues, failure to meet the continuing education requirements*, notification of my suspension from enrollment, or as stipulated in the Bylaws of the Association and the Society.

I understand and will abide by the rules promulgated in Treasury Department Circular 230, as amended, the Code of Ethics and Rules of Professional Conduct of the National Association of Enrolled Agents, and any revisions thereto which may hereinafter be enacted.

Signature	Date
□ I consent to receive communications sent by	or on behalf of
CSEA and its Chapters via email, telephone, or fa	Χ.

My payment of \$398.00 for the first year's dues (\$200 Association, \$170.00 Society) and initiation fees (\$10.00 Association, \$18.00 Society) is enclosed.

	rge \$398 Visa		o my: Mastercard		AMEX		Che	eck Enclo	sed
Crec	lit Card#	-			-			Expiratio	on date
								MO	YR
			Please Do	Not W	rite In This Sp	ace			
	Rec'd				Amt				
	Ck.#				Batch#.				
	ID #		Exp 1	Dt.		Cert I	Dt.		

SOURCE OF QUALIFICATION:					
Special Enrollment Exam	Year of Exam:				
□ IRS Experience	Date of Completion:				
Please take a moment to a	answer the following questions;				
How long have you been	preparing taxes?				
What type of practice do Self Emplye	you have? r □Work in Firm □Other				
If self employed, do you have other tax preparers on staff?					
How many returns do you prepare a year?					
How did you find out about the California Society of					
Enrolled Agents?					
□ Another EA □ Online □ Newspaper □ Other					
In what areas of tax do you practice?					
□ 1040 □ 1041	□ 1065 □ 1120 □ 706				
Do you want to be listed in the "Find an EA" program?					

* Continuing education requirements are determined by the National Association and are currently 30 hours per CPE year (1/1 - 12/31).

CSEA Membership dues are not deductible as a charitable contribution for tax purposes, but may be deductible as a business expense. \$6.00 of your NAEA dues and \$22.00 of your CSEA dues are allocated to legislative activities and are not tax deductible. Society dues include the nine-times-yearly publication, *California Enrolled Agent* (\$25).

Enrollment Number

Signature (required for all applicants)

Date

Chapter (If left blank, you will automatically be affiliated with a Chapter)

Revised 11/10