



CALIFORNIA SOCIETY OF ENROLLED AGENTS
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 Email: lcole@csea.org



- Mr.
- Mrs.
- Ms.

STUDENT ASSOCIATE APPLICATION

(Please Print All Information)

Last Name	First Name or Initial	Middle Name or Initial	Nickname
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Name as you wish it to appear on your Associate Certificate (if different from above).
 Note: Professional designations are not included on certificates.

Birth Date

Home Address

School Address

Street	Apt / Suite #
City	State Zip
Telephone Number	Fax Number
Email Address	

Name of School		
Street		
City	State	Zip
Telephone Number		
Field of Study / Course Description		

I am a student at an accredited college, professional school, or state ROP credentialed program and am enrolled in a tax, accounting, or finance career track. I am not currently or previously defined in §10.3(a) through (d) of Circular 230. I hereby petition for Student Associate recognition by the California Society of Enrolled Agents. I understand that this recognition may be terminated by me at any time, or by the Society for non-payment of dues, failure to meet continuing education requirements*, notification that I am no longer eligible under the provisions of this Associate recognition, or as stipulated by the Bylaws and rules of the Society.

I understand and will abide by all applicable provisions of the California Society's Bylaws and the National Association's Code of Ethics and Rules of Professional Conduct.

***Continuing education requirements are determined by the National Association and are currently 30 hours per CPE year (1/1 - 12/31). Full time or part time enrollment in tax or accounting courses will be presumed to satisfy this requirement.**

Dues are not deductible as a charitable contribution for tax purposes, but may be deductible as a business expense. Society dues include the nine-times-annually publication, *California Enrolled Agent* magazine.

PLEASE CHECK THIS BOX TO ENSURE YOU RECEIVE INFORMATION REGARDING BENEFITS AND OTHER PERTINENT INFORMATION:

My payment of \$40 for the first year's dues is enclosed.

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

Charge \$40 to my:

- Visa Mastercard AMEX Check Enclosed

Signature (required for all applicants)

Date

Credit Card#

Expiration date

				MO	YR

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

Sponsor (Optional)

Please Do Not Write In This Space					
Rec'd _____	Amt. _____				
Ck.# _____	Batch# _____				
ID # _____	Exp Dt. _____	Cert Dt. _____			