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
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PROFESSIONAL AFFILIATE APPLICATION

(Please Print All Information)

❑ Mr.
❑ Mrs.
❑ 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).
Note: Professional designations are not included on certificates.

Birth Date

Business Address

Firm Name (if any)

Street | Apt / Suite #

City | State | Zip

Telephone Number | Fax Number

Email Address

Home Address (If different from business address)

Street | Apt / Suite #

City | State | Zip

Telephone Number

I prefer CSEA **mail** be sent to my:

❑ Home Address ❑ Business Address

Category ❑ CPA ❑ Attorney ❑ Enrolled Actuary

Have you ever been an Enrolled Agent? ❑ Yes ❑ No

I am eligible to practice before the Internal Revenue Service under the provisions of Treasury Department Circular 230 and hereby petition for Professional Affiliate 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 requirments*, notification of my suspension from eligibility to practice, or as stipulated in the Bylaws and rules of the Society.

I understand and will abide by all applicable provisions of the California Society's Bylaws and the rules promulgated in Treasury Department Circular 230.

Please take a moment to answer the following questions, so that we can serve you better!

1. How long have you been preparing tax returns? _____
2. 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 staff? ❑ YES ❑ NO
4. How many returns do you prepare a year? _____
5. How did you find out about the California Society of Enrolled Agents?
   ❑ Another EA ❑ Online ❑ Newspaper ❑ Other
6. In what areas of tax do you practice?
   ❑ 1040 ❑ 1041 ❑ 1065 ❑ 1120 ❑ 706

Dues are not deductible as a charitable contribution for tax purposes, but may be deductible as a business expense. Society dues include the publication *California Enrolled Agent*, currently published nine times per year ($25).

❑ I would also like to join NAEA (National Association of Enrolled Agents) for an additional $195.00.

My payment of **$290.00** for the first year ($265.00 for dues and $25.00 for one-time initiation fee) is enclosed.

Charge $ _____ to my:
❑ Visa ❑ Mastercard ❑ AMEX ❑ Check Enclosed

Credit Card# | Expiration date (MO / YR)

Please Do Not Write In This Space

Rec'd _____ Amt. _____

Ck.# _____ Batch#. _____

ID # _____ Exp Dt. _____ Cert Dt. _____

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

ID / LICENSE NUMBER

Signature (required for all applicants) | Date

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

Sponsor (optional)

Do you want to be listed in the "Find an EA" Program?
❑ YES ❑ NO

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.

07/09