



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: lkelly@csea.org

- Mr.
- Mrs.
- Ms.

PROFESSIONAL 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 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

Are you registered by the California Tax Education Council?
Have you ever been an Enrolled Agent?

- Yes No
 Yes No

I am lawfully engaged in the practice of tax . I hereby petition for Professional 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 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 National Association's Code of Ethics and Rules of Professional Conduct.

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?
 An EA Online Newspaper Other
6. In what areas of tax do you practice?
 1040 1041 1065 1120 706
7. Would you like information on becoming an Enrolled Agent? YES NO

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.

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

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

My payment of **\$119.00** for the first year's dues is enclosed.

Charge \$ _____ to my:

- Visa Mastercard AMEX Check Enclosed

Credit Card#

Expiration date

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	MO	YR

Please Do Not Write In This Space

Rec'd _____	Amt. _____
Ck.# _____	Batch# _____
ID # _____	Exp Dt. _____ Cert Dt. _____

ID / LICENSE NUMBER

Signature (required for all applicants)

Date

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

Sponsor (optional)

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.