



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: lcole@csea.org



- Mr.
- Mrs.
- Ms.

ENROLLED AFFILIATE 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
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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

I certify I am a Member in good standing of the National Association of Enrolled Agents. I agree to notify you if my membership in NAEA is terminated or suspended. I hereby apply for International Enrolled Affiliate Status with the California Society of Enrolled Agents, and agree to abide by the terms and conditions of such affiliation.

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

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

Membership 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* (\$25.00).

My payment of **\$95.00** for the first year's dues is enclosed.

Charge **\$95.00** 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. _____

NAEA NUMBER	
ID / LICENSE NUMBER	
Signature (required for all applicants)	Date