



NATIONAL ASSOCIATION OF ENROLLED AGENTS

202/822-NAEA (6232)
Email: info@naeahq.org



CALIFORNIA SOCIETY OF ENROLLED AGENTS

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PROVISIONAL ASSOCIATE 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).

Birth Date

Business Address

Home Address (If different from business address)

Firm Name (if any)
Street Apt / Suite #
City State Zip
Telephone Number Fax Number
E-Mail Address

Street Apt / Suite #
City State Zip
Telephone Number
I prefer CSEA mail be sent to my:
Home Address Business Address

Provisional Associate Recognition

(If you are applying for Provisional Associate Recognition, please sign this section in addition to the bottom of the membership form.)

I have applied for issuance of my permanent enrollment card. I understand that through Provisional status I will receive all Society and Association benefits...

I agree to inform you as soon as my permanent enrollment number is issued. I agree to abide by all rules and regulations of the Association and the Society.

Signature Date

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

SOURCE OF QUALIFICATION:

Special Enrollment Exam Year of Exam:
IRS Experience Date of Completion:

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?
3. If self-employed, do you have other tax preparers on staff?
4. How many returns do you prepare a year?
5. How did you find out about the California Society of Enrolled Agents?
6. In what areas of tax do you practice?

My payment of \$368.00 \$275.50 for the first year's dues (\$185 \$92.50 Association, \$155.00 Society) and initiation fees (\$10.00 Association, \$18.00 Society) is enclosed.

Charge \$368.00 \$275.50 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).

CSEA Membership dues are not deductible as a charitable contribution for tax purposes, but may be deductible as a business expense.

Enrollment Number

Signature (required for all applicants) Date

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

Sponsor (optional)