



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.

PROFESSIONAL ASSOCIATE APPLICATION
 (Please Print All Information)

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

- Are you registered by the California Tax Education Council?** Yes No
- Have you ever been an Enrolled Agent?** Yes No

I am lawfully engaged in the practice of tax and not currently or previously defined in §10.3(a) through (d) of Circular 230. 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!**
- How long have you been preparing tax returns? _____
 - What type of practice do you have?
 Self-employed Work in a firm Other
 - If self-employed, do you have other tax preparers on staff? YES NO
 - How many returns do you prepare a year? _____
 - How did you find out about the California Society of Enrolled Agents?
 An EA Online Newspaper Other
 - In what areas of tax do you practice?
 1040 1041 1065 1120 706
 - Would you like information on becoming an Enrolled Agent? YES NO

* Continuing education requirements are determined by the National Association and are currently 30 hours per CPE year (2/1 - 1/31).

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.

- I would also like to join NAEA (National Association of Enrolled Agents) for an additional \$175.00.
- My payment of **\$160.00** for the first year's dues 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. _____

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.