



Please Enclose
Professional
Picture

Membership Application

Membership Qualifications

- 5-Year Full-time Business Professional Experience. What Industries: _____
- Demonstrated Professional or Community Involvement. What Organizations and Roles: _____

- Demonstrated Willingness to Refer Business to Others. What Type of Cases Have You Referred in Past Two Years: _____

If you are a Non-CPA, you must concurrently submit a CPA Member Application, and both must be approved in order for the Non-CPA Member to be approved

Applicant Name: _____

Professional Designations: _____

Company: _____

Work City: _____ **Industry Type:** _____

Specialty Description (5 or less words): _____

Email: _____ **Work Phone:** _____

Hobbies: _____

Please check applicable boxes: Regular Member Board Member Officers (Title): _____

For board members and/or officers, please provide 250-words max bio.

APCPAA LIFETIME MEMBERSHIP - \$500

APCPAA Board Members and/or Officers Agree to Commit to Additional Financial Sponsorship.

Please make your APCPAA membership payment to:

Asian Pacific CPA Association

2707 E. Valley Blvd. #303, West Covina, CA, 91792