IOWA SOCIETY OF CPAS

Membership ApplicationYou may apply for ISCPA membership by completing and submitting this application form or completing the form online at www.iacpa.org/join.



	Personal Information	
Name first middle init	Nicknameal	
(As you would like it to appear on y	our ISCPA record.)	
Former last name (if applicable)	Gender (optional) 🗖 Male 🗖 Female	
Date of birth	Preferred pronouns (optional)	hem
Race/Ethnicity (optional) 🗖 Black 📮 Amer	can Indian □Asian/Pacific Islander □ Latino/a □ White □ Multiracial	
Street address	PO Box	
City	State ZIP	
	Mobile phone # ()	
Spouse	May we text you? 🗆 Yes 🚨 No	
College/University	Year graduated Degree	
Advanced degrees/professional creder	ntials (MBA, ABV, etc.)	
If you are certified, please provide the	following information from your original CPA certificate.	
Original certificate number	Issued by the state of Date issued	
If you hold an Iowa reciprocal CPA certifi	cate, provide certificate #: Date issued	
Are you a member of AICPA? Yes	I No If yes, AICPA member number	
If not employed, please check one \Box	ull-time student 🗖 Retired 🗖 Other	
Conta	ct Information/Preferences	
Preferred address for ISCPA mailings □	Office D Home	
Preferred address for CPE mailings □ ○		
May we send you ISCPA e-mail message		
Preferred e-mail address		
Include my information in online ISCPA me	embership directory (member's only section of website) \square Yes \square N	10
Pr	ofessional Information	
Business/Firm		
Street address	PO Box	
City	State ZIP	
Position/job title	Business Website	
General office phone # ()	Direct phone # ()ext	

Interests

This section will be used to help identify your areas of interest so we may provide you with relevant information.

AG	Agribusiness	GO	Government	MA	Mergers/acquisitions
AU	Auditing	HC	Health care/hospitals	NP	Nonprofits/associations
AT	Auto dealers	HR	Human resources	PC	PCAOB
ВА	Banking	IT	Information technology	RE	Real estate
ВІ	Bankruptcy/insolvency	IN	Insurance	RT	Retirees
BD	Broker/dealer	IB	International business	SD	School districts
BU	Budgeting & forecasting	IC	Inventory control	SB	Small business
BV	Business valuation	$ \vee $	Investments	SP	Strategic planning
CL	Colleges & universities	LE	Legal	TC	Taxation - corporate
CN	Construction	LT	Litigation support	TA	Taxation - estate & gift
CS	Consulting	MC	Mid-career professionals	TE	Taxation - exempt
CO	Controllership	MG	Management - general		organizations
EΒ	Employee benefit plans	MP	Management of account-	ΤI	Taxation - individual
FR	Family resources		ing practice	TN	Taxation - international
FP	Financial planning	MN	Manufacturing	TS	Taxation - sales & use

Membership Classes

Resident and Non-Resident Members:

Individuals holding a valid certificate issued by the Iowa Accountancy Examining Board or a similar board of any state or territory of the United States or the District of Columbia.

	Class 1 -	Any CPA employed in Iowa and holding original certificate more than 10 years
	Class 2 -	Any CPA employed in Iowa and holding original certificate 6-10 years
	Class 3 -	Any CPA employed in Iowa and holding original certificate 5 years or less
	Class 4 -	Non-resident (CPA living outside Iowa)
	Class 5 -	☐ Not currently employed or a full-time student [member who is not employed full-time (defined as more than twenty hours per week) or CPA-holder not currently in the workforce due to full-time pursuit of additional education.]
		☐ Retired (a member who has permanently retired from the workforce)
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Associate Members:

Class / -	■ Non-CPA owner of a CPA firm or a non-CPA accounting educator (college)
	□ Non-CPA holder of a credential issued by the AICPA including, but not limited to, a Chartered
	Global Management Accountant (CGMA) or an Accredited Business Valuation (ABV)
	professional

Affiliates:

Class 8-	☐ Professional: a non-CPA affiliated with the accounting profession; or
	☐ Exam-qualified: a non-CPA who meets one of the following requirements
	1. Eligible to sit for the CPA Exam or other AICPA credentialing examination; or
	2 Successfully completed the Exam but not yet received a CPA certificate

Discipl	inary & Criminal History
1. Please describe any professional licensure i	revocation and other professional disciplinary actions:
Please describe any conviction of a crime	e described in Iowa Code section 542.5(2) ⁱ :
IMPORTANT: Application to be a member of the and Board of Directors approval. There is no righ	e ISCPA is subject to meeting the membership requirements of the ISCPA at to appeal a membership denial.
es, theft, extortion, conspiracy to defraud, or other of competent jurisdiction in this state, or another st denied a certificate by the board on the grounds of for an indictable offense and includes a guilty plea, or	ninal convictions: forgery, embezzlement, obtaining money under false pretens similar offense, or of any crime involving moral character or honesty, in a cour rate, territory, or a district of the United States, or in a foreign jurisdiction, may be the conviction. For purposes of this subsection, "conviction" means a conviction deferred judgment from the time of entry of the deferred judgment until the time entry of judgement, or other finding of guilt by a court of competent jurisdiction
Where d	id you hear about ISCPA?
Where did you hear about us?	
☐ My employer ☐ I was a student member	☐ From a current ISCPA member (Name:
□ ISCPA continuing professional education	course 🗖 Social media (Platform:
Pa	yment Information
Total Amount Submitted \$(See back page for prorated dues schedule.	Please note the amounts listed include the \$35 application fee.)
Payment Type 🛭 Personal 🗖 Company	
Payment Method □ Check (payable to ISCF	PA) 🗖 MasterCard 🗖 Visa 🗖 AmEX
Card #	Exp. Date
Cardholder signature	Print name
	ou never miss out on accessing your ISCPA benefits. We will embership expires. You can opt out of this feature at any time.
	Verification
☐ To the best of my knowledge, the inform the bylaws of the Iowa Society of CPAs.	nation contained herein is accurate and I agree to be governed by
Return this form wit	h payment to Iowa Society of CPAs (ISCPA)

Return this form with payment to Iowa Society of CPAs (ISCPA) 1415 28th St, Ste 450 West Des Moines, IA 50266-1419 515-223-8161 • 800-659-6375 (in Iowa)

ISCPA Prorated Dues Schedule

The prorated dues schedule below includes a one-time \$35 application fee

What to expect when applying for membership in January-May:

Individuals should follow the Jan-May section of the chart below. This will pay your membership through April 30, 2025.

Your prorated share of dues must be returned with your completed application.

Please note: Contributions, gifts, or dues paid to ISCPA are not deductible as charitable contributions for income tax purposes. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities.

Current						Associate	Affiliate
Annual Dues	\$300	\$285	\$260	\$215	\$100	\$300	\$160
Period	Class 1	Class 2	Class 3	Class 4	Class 5	Class 7	Class 8
Jan-May	\$335	\$320	\$295	\$250	\$135	\$335	\$195
June	\$310	\$297	\$274	\$233	\$127	\$310	\$183
July	\$285	\$273	\$253	\$216	\$119	\$285	\$170
Aug	\$260	\$250	\$233	\$199	\$110	\$260	\$158
Sept	\$235	\$227	\$212	\$182	\$102	\$235	\$145
Oct	\$210	\$203	\$191	\$165	\$94	\$210	\$133
Nov	\$185	\$180	\$170	\$148	\$86	\$185	\$120
Dec	\$160	\$157	\$149	\$130	\$77	\$160	\$108

For membership class information, see page 2.