



California Society of Tax Consultants

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Telephone 949-715-4192
Fax 714-632-5405
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www.cstcsociety.org

MEMBERSHIP APPLICATION

Name _____ Name Badge _____

Address _____

City _____ State _____ Zip _____

Cell # _____ Work # _____ Fax # _____

Email _____ Preferred Chapter _____

Chapter Approval Required for Associate Members _____

Authorized Chapter Signature

CHAPTER AFFILIATION

I would like to be affiliated with the following chapter:

<input type="checkbox"/> Central Valley	<input type="checkbox"/> Orange County	<input type="checkbox"/> San Diego	<input type="checkbox"/> San Gabriel Valley
<input type="checkbox"/> Greater Long Beach	<input type="checkbox"/> Orange County South	<input type="checkbox"/> San Diego East County	<input type="checkbox"/> San Jose
<input type="checkbox"/> Inland Empire	<input type="checkbox"/> Orange County Wine Country	<input type="checkbox"/> San Diego North County	<input type="checkbox"/> Temecula Valley
<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Sacramento	<input type="checkbox"/> San Francisco Bay	<input type="checkbox"/> Member-at-Large

MEMBERS (Active or Associate)

Meet any of one of the following requirements:

Enrolled Agent # _____ CRTP # _____ CPA or Attorney # _____

PTIN # _____

ACAT Accredited: Accountancy Taxation Both

NEW MEMBER RATES:

DUES	INITIATION FEE
\$175.00	\$25.00

Recruited by: _____

I hereby state that the accompanying statements are correct to the best of my knowledge and belief. I further state that I will abide by the Bylaws of the Society and will practice in strict conformity with the Code of Ethics adopted by the Society.

Applicant Signature _____ Date _____

Payment must accompany this application

Check # _____ or Visa Mastercard

Credit Card # _____ Exp. Date _____ Sec. Code _____

Billing Address _____

Applicant Signature _____ Date _____