



American Society of Women Accountants

### Membership Application

Applicants please mail applications with **check** payments to:  
ASWA Lockbox, PO Box 826131, Philadelphia, PA 19182-6131  
Please fax, email or mail applications with **credit card** payments to:  
ASWA National Headquarters, 1760 Old Meadow Road, Suite 500, McLean, VA 22102  
Phone: 703-506-3265 Fax: 703-506-3266 E-mail: [aswa@aswa.org](mailto:aswa@aswa.org)

**New Member**                       **Reapplying Member**                      **Member #** (for reapplying members only) \_\_\_\_\_

Please check your preferred mailing address:

Residence Address

Business Address

\_\_\_\_\_  
Last Name                      First Name                      Firm Name

\_\_\_\_\_  
Address                      Firm Address

\_\_\_\_\_  
City                      State      Zip                      City                      State      Zip

\_\_\_\_\_  
Phone                      Fax                      Phone                      Fax

\_\_\_\_\_  
E-Mail                      E-Mail

<b>ANNUAL NATIONAL DUES</b> Choose one →	<input type="checkbox"/> <b>Regular</b> – (\$108) Hold a CPA certificate or equivalent <b>or</b> two or more years experience in accounting <b>or</b> hold a Bachelor’s degree in accounting or related field <input type="checkbox"/> <b>Affiliate</b> – (\$108) Not actively engaged in accounting <b>or</b> have a substantial interest in accounting <input type="checkbox"/> <b>Student/Associate</b> - (\$35) Regularly enrolled student <b>or</b> fewer than two years experience in accounting	\$
<b>ANNUAL CHAPTER DUES</b> Click <a href="#">here</a> to choose one	<b>ASWA has over 75 local chapters. If there is a chapter within 50 miles, pay both National and Chapter Dues</b>	\$
<b>MEMBERSHIP APPLICATION FEE</b>	<b>Fee for all NEW and REAPPLYING Regular and Affiliate Memberships</b>	<b>\$25</b>
	<b>Total (National Dues + Chapter Dues + Membership Application Fee)</b>	<b>\$</b>

**METHOD OF PAYMENT**

My check made payable to ASWA is enclosed.

Visa     MasterCard     American Express

Card Number \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as Appears on Card \_\_\_\_\_ Signature \_\_\_\_\_

ASWA dues are deductible as a business expense, but not as a charitable contribution for federal tax purposes.

**CHAPTER INFORMATION** (Applicant will not be considered paid in full unless **BOTH** national and chapter dues are received.)

Chapter Name \_\_\_\_\_ Chapter No. \_\_\_\_\_

Thank you for joining ASWA. For a list of member benefits, please visit [www.aswa.org](http://www.aswa.org).



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Demographics

Does your employer pay your membership dues? Yes No Closely held/owner

Age Under 25 45-54 25-34 55-64 35-44 65+

Salary/Income Range Under 50K 101-150K 50-75K 150K + 76-100K

Business setting Agribusiness Insurance Religion Automotive International Business Restaurant/Food Service Banking/Lending Investments Retail/Wholesale Construction/Real Estate Dev Law Tax - Corporate/Personal Education Manufacturing Tech/Software/Computers Financial Planning Non-Profit/Associations Tax - Sales & Use Government Oil & Gas Transportation Healthcare/Medical/Hospitals Public Acct'g/Auditing Utilities Human Resources/Staffing Real Estate/Brokerage Other

Business Size Under 25 employees 1,001+ employees 26 - 100 employees Sole practitioner 101 - 1,000 employees I am unemployed

Years of Experience 0-2 11-20 3-5 20+ 6-10

Area(s) of Practice Audit General Accounting Budget Planning Management Accounting Consultant Retired Cost Accounting Tax Financial Analysis Other

Highest Degree PhD MBA BA/BS JD MA/MS Associate Other

Professional Affiliations AICPA NSA AWSCPA State Accounting Society IMA Other

Designation CPA CFP CMA Other

Job Title Accountant - Staff CFO Owner/Partner Accountant - Senior Manager - Office President/CEO Controller Manager - Accounting Other

SIGNATURE

Applicant's Signature\*

Date

\*By signing this application, I certify that all information given herein is true and accurate to the best of my knowledge.

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