

# MEMBERSHIP APPLICATION

## NEW HAMPSHIRE TAX AND ACCOUNTING PROFESSIONALS



Return Application to: NH Tax and Accounting Professionals  
17 Depot Street, Suite 3  
Concord, NH 03301

**YES!** Please enroll me as a member of the New Hampshire Tax and Accounting Professionals.

Name: \_\_\_\_\_ Prof. Designation: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Web Site: \_\_\_\_\_



State accounting organization you currently hold membership in \_\_\_\_\_

Please show your name above as you wish it to appear on your NHTAP Membership Certificate. (Print or Type)

### QUALIFICATIONS:

Applicants must meet at least one of the following qualifications for either ACTIVE or ASSOCIATE Membership.

### ACTIVE MEMBER QUALIFICATIONS:

Individuals of firms in public practice applying for ACTIVE Membership must be able to meet any *one* of the following requirements. Please check all the following statements (A through C) that apply to you.

A  I possess a valid permit / license as a Public Accountant, Certified Public Accountant, Certified Internal Auditor, Enrolled Agent or Accounting Practitioner for the practice of public accountancy. My license / permit number and state are \_\_\_\_\_.

B  I have two years of college with at least twenty-four (24) semester hours in accounting and three (3) years of experience in the practice of public accounting. My studies were at \_\_\_\_\_ and my degree was obtained in \_\_\_\_\_.  
Name of College  
Please attach resume of experience in the field of public accounting.

C  I have ten (10) years experience in the practice of public accounting. Please attach resume of experience in the field of public accounting.

Revised 11/10/2020

PLEASE NOTE: IF YOU WANT TO PAY BY CREDIT CARD, PLEASE GO TO THE WEBSITE:  
<https://nhtap.org/join-now/#account/join>  
**YOU WILL STILL HAVE TO SUBMIT THIS APPLICATION AND THE REQUESTED MATERIALS.**

**ASSOCIATE MEMBER QUALIFICATIONS:**

Persons *not* meeting Active Member qualifications may apply for NHTAP membership as an ASSOCIATE Member. Please check all the statements below which apply to you.

- I am a principal in an accounting / tax practice but I do not meet any of the requirements for Active Membership.
- I am an employee in government, a financial institution, private sector business or non-profit entity and my primary duties are in the field of accountancy and/or taxation.
- I am an employee of an accounting and/or tax practice but I do not meet any of the requirements for Active Membership.
- I am accredited by the Accreditation Council for Accountancy and Taxation in:  
 Accountancy                       Taxation

**STUDENTS:**

I am a student at \_\_\_\_\_ actively pursuing studies in accounting.  
Name of College

**DUES SCHEDULE:**

Annual dues are payable **IN FULL** in advance and are prorated for credit by NHTAP on a monthly basis to June 30---the end of NHTAP's fiscal year.

- ACTIVE Membership Annual Dues \$80     STUDENT Membership Annual Dues \$0-
- ASSOCIATE Membership Annual Dues \$40

**DUES PAYMENT:**

- Money Order Enclosed     Check Enclosed    Check Number \_\_\_\_\_

*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 Constitution and Bylaws of the Society and will practice in strict conformity with the Code of Ethics and Rules of Professional Conduct adopted by the Society.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you become aware of our Society? \_\_\_\_\_

**IMPORTANT NOTE:** A COPY OF YOUR PROFESSIONAL STATIONERY AND BUSINESS CARD MUST ACCOMPANY THIS APPLICATION. DOES NOT APPLY TO STUDENTS

Revised 11/10/2020