



2012 NATP Membership Application Form

STEP 1

Name: _____ Member ID#: _____

Nickname: _____ PTIN#: _____

Date of Birth: _____ CFP® #: _____

Email Address Required: _____ CTEC#: _____

Website: _____ CPA#: _____

EA#: _____

Company Name: _____

Primary Mailing Address: _____

City: _____ State: _____ Zip: _____

Check here if the above address should be your main mailing address with NATP.

Primary Phone: _____ Ext.: _____

Alternate Phone: _____ Ext.: _____

Fax Number: _____

If applicable ▼

Who Recommended You to NATP? _____

Do You Prepare Tax Returns? Yes No

Current Status: Tax Preparer RTRP Accountant EA CPA Attorney CFP® Other

Membership Categories and Dues

STEP 2

Individual - \$176 (For membership outside the United States and U.S. Territories, a special membership form is available by going to natptax.com, About Us. Limited benefits do apply.)

E-Membership - \$115 (Available to additional members at the same office location.)

- Selecting this membership authorizes NATP to automatically renew your membership every year.
- Membership will be set to auto renew every year with your credit card number listed below.
- All publications will be sent electronically.
- To qualify for this membership there must be a member at your office location who is a full individual NATP member.

Member Name: _____

Academic Membership - \$115 (Available to full-time professors and students. Limited benefits apply.) (Full-time status verification from your university or class registration must be submitted with enrollment form.)

- College name and phone number: _____

By submitting payment and/or Membership Enrollment Form, I agree to be bound to the National Association of Tax Professionals' and affiliated Chapters' Code of Ethics and Standards of Professional Conduct that can be found at natptax.com. I will receive a free listing on NATP's online member directory. I understand and will agree to the terms of the Membership Enrollment Form.

List me on NATP's online member directory. Standard listing includes name, mailing address, phone number and fax.

Include my email address in listing.

STEP 3

A member must notify the association in writing within 30 days of any conviction or guilty plea against him or her by any federal or state court or regulatory authority involving a felony or other crime or unlawful conduct involving a minor, theft, fraud or embezzlement and of any civil suit settlement or judgment involving theft, fraudulent taking or embezzlement of any amount greater than \$5,000. By submitting this form you are indicating that you have not been convicted of or pled guilty to a felony or other crime or unlawful conduct involving a minor, theft, fraud or embezzlement, and that you have not during the ten years prior to application for or renewal of membership been the subject of a civil suit settlement or judgment involving theft, fraudulent taking or embezzlement of an amount greater than \$5,000. If you have previously disclosed such a violation and been exonerated by the NATP Ethics Panel, you may submit this form and you need not disclose that same violation again.

You MUST agree to the wording on the left. If you cannot agree to the wording, please go to natptax.com/checkbox for more information.

STEP 4

Payment Method: Check American Express Discover MasterCard VISA

Name as it appears on credit card: _____

Credit Card Number: _____ Exp. Date: _____

Signature: _____

Payment must accompany application. NATP reserves the right to charge your credit card for errors or omissions that are made when submitting this form. When paying by check, if your check is dishonored or returned for any reason, you will be charged a processing fee of \$25.