

## CALIFORNIA SOCIETY OF ENROLLED AGENTS

3200 Ramos Circle • Sacramento, CA 95827-2513 916/366-6646 • 800/777-2732 FAX 916/366-6674

www.csea.org Email: dstrange@csea.org

## PROFESSIONAL AFFILIATE APPLICATION

<ul><li>□ Mr.</li><li>□ Mrs.</li><li>□ Ms.</li></ul>	PROFESSIONAL AFFILIATE APPLICATION (Please Print All Information)			
Last Name	First Name or Initial	Middle Name or Initial	Nickname	
Name as you w	vish it to appear on your Membership Certificate: Professional designations are not include	cate (if different from above).	Birth Date	
Bus	siness Address	Home Address (If did	fferent from business address)	
Firm Name (if any)		Street	Apt / Suite #	
Street	Apt / Suite #	City	State Zip	
City	State Zip		Telephone Number I prefer CSEA mail be sent to my:	
Telephone Number	Fax Number	Home Address	☐ Business Address	
	Email Address  Sategory	•		
and rules of the Society.  I understand and California Society's Bylav Department Circular 230.		5. How did you find out a Enrolled Agents?  ons of the Treasury  5. How did you find out a Enrolled Agents?  Another EA □ Online  6. In what areas of tax do  1040 □ 1041 □  * Continuing education requirements	about the California Society of the Newspaper Other by you practice?	
☐ I would also like to join NAEA (National Association of Enrolled Agents) for an additional \$200.00.		ID / LICEN	ID / LICENSE NUMBER	
My payment of \$290.00 for to for one-time initiation fee) is	the first year (\$265.00 for dues and \$25. enclosed.	Signature (required for all ap	pplicants) Date	
Charge \$to my:  ☐ Visa ☐ Mastercard	☐ AMEX ☐ Check Enclosed	Chapter (If left blank, you will autom	atically be affiliated with a Chapter)	
Credit Card#	Expiration of MO	Do you want to be listed in the "F"  YES NO	r (optional) <b>ind an EA" Program?</b>	
Please D Rec'd Ck.#	Not Write In This Space  Amt.	IMPORTANT: You MUST chec receive CSEA information. We do or email address to third parties.	•	