



Personal Financial Planning Section Membership APPLICATION FORM

JOIN

Call

888.777.7077

Mon – Fri: 9am – 6pm ET

Fax

800.362.5066

Mail

American Institute of CPAs
ATTN: PFP Membership
220 Leigh Farm Rd.
Durham, NC 27707

Online

aicpa.org/PFP

YES! I WANT TO JOIN THE PFP SECTION! (PLEASE PRINT)

NAME:

FIRM/COMPANY:

JOB TITLE OR POSITION:

AICPA MEMBERSHIP #:
(You must be an AICPA member to join)

EMAIL ADDRESS:

HOW DID YOU HEAR ABOUT THE PFP SECTION?:

PLEASE INDICATE PREFERRED MAILING ADDRESS

HOME BUSINESS

STREET ADDRESS:

CITY/STATE/ZIP:

HOME PHONE: ()

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FAX NUMBER: ()

PAYMENT INFORMATION

YES! Enroll me in the PFP Section. My check for \$200 payable to the AICPA is enclosed. PROMO CODE
OR Please bill my credit card: AMEX Diners Club Discover MasterCard VISA

CARDHOLDER NAME:

CARD#:

EXP. DATE: / /

SIGNATURE:

Questions? Please email us at PFPinfo@aicpa.org

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