



Membership Application 2025-26

JOIN ONLINE: incpas.org/Join

Indiana CPA Society
P.O. Box 40069
Indianapolis, IN 46240

Phone (317) 726-5000/1-800-272-2054
Fax (317) 726-5005
incpas.org

First	MI	Last	Preferred Pronouns*
Name to Greet By		Degrees and Professional Credentials	
Gender*		AICPA Member No.	
Ethnic Background*		Month/Year of Birth	Phone (Home)
Home Address		Phone (Cell)	
City	County	State	Zip Code
Preferred Phone: <input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Business			Business Phone (Direct Line)
Business Name		Title	
Business Address			
City	County	State	Zip Code
Preferred Email Address		Secondary Email Address	
CPA License No./State/Date Issued		Send All INCPAS Mail To <input type="radio"/> Home <input type="radio"/> Business	
Is the Firm/Company/Organization You Are Employed By: <input type="radio"/> Corporate Finance <input type="radio"/> Education <input type="radio"/> Government <input type="radio"/> Public Accounting *optional			

Step 1: Choose Your Membership Type

Member Types <input type="checkbox"/> First-Time Member: \$200 <i>(select your member type below):</i> <input type="checkbox"/> CPA <input type="checkbox"/> Candidate <input type="checkbox"/> Professional <input type="checkbox"/> Retired	<input type="checkbox"/> CPA: \$485 Select this type if you hold a CPA license. <input type="checkbox"/> Candidate: \$255 Select this type if you are working toward becoming a CPA.	<input type="checkbox"/> Professional: \$385 Select this type if you work in the accounting profession but do not hold a CPA license and do not plan to pursue one. <input type="checkbox"/> Retired: \$210 Select this type if you are retired.
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For more information and to see the descriptions of each member type, visit incpas.org/DuesRates.

Step 2: Add an Optional Member Section

First Member Section <i>Enroll in a members-only specialty program that includes exclusive resources and tools, a peer network, and up to 20 hours of free CPE tailored to your specific interest area.</i> <input type="checkbox"/> Client Advisory Services (\$99) <input type="checkbox"/> Corporate Finance (\$99) <input type="checkbox"/> Not-For-Profit (\$99) <input type="checkbox"/> Practice Management (\$99) <input type="checkbox"/> Tax (\$99) <input type="checkbox"/> Technology (\$99)	Additional Member Sections (\$49 each) <input type="checkbox"/> Client Advisory Services (\$49) <input type="checkbox"/> Corporate Finance (\$49) <input type="checkbox"/> Not-For-Profit (\$49) <input type="checkbox"/> Practice Management (\$49) <input type="checkbox"/> Tax (\$49) <input type="checkbox"/> Technology (\$49)
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For more information and to see the exclusive benefits offered, visit incpas.org/MemberSections.

Step 3: Payment

Membership Rate:	\$ _____	<input type="checkbox"/> Reinstatement Fee (\$25)
Member Section Total:	\$ _____	<i>*Add a \$25 reinstatement fee if you previously dropped/resigned your INCPAS membership.</i>
*Reinstatement Fee:	\$ _____	
TOTAL PRICE:	\$ _____	▶ Please fill out payment information on the back.

Method of Payment:

Check American Express Discover MasterCard VISA Please send me an invoice

Card No. _____

Cardholder's Name _____

Cardholder's Signature _____

Expiration Date _____ CVV# _____

(last 3 or 4 digits on back of card)

To the best of my knowledge the information contained herein is accurate. I agree to be governed by the bylaws of the Indiana CPA Society and the Code of Professional Conduct.

Signature _____ Date _____

Note: *INCPAS dues are not deductible as charitable contributions, but may be deductible as ordinary and necessary business expenses. 2% of the dues, however, is not deductible as an ordinary and necessary business expense to the extent that the Indiana CPA Society engages in state and federal lobbying as defined by IRS regulations.*

The Society's 2025-26 fiscal year is July 1 through June 30.