The Affordable Housing Association

AHACPA

of Certified Public Accountants

# *Membership Application*

Fee of $300 per Office Location

**Name:** _____ **Title:** _____

**Firm Name:** _____

**Address:** _____ **City:** _____

**State:** _____ **Zip Code:** _____

**Phone Number:** _____ **Fax:** _____

**Email:** _____ **Web Site:** _____

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**Method of Payment**

Please charge my: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Cardholder's Name _____

Account Number _____ Expiration Date _____ CVV_____

Signature _____

Confirmation email _____

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**Mail Checks to:**

AHACPA
459 N 300 W #11
Kaysville, UT 84037

OR

**Fax form to:**

(801) 547-5070