



Private Companies Practice Section Membership APPLICATION FORM

Name of Firm or Organization: _____
 Principal Address: _____
 _____ Zip: _____
 Telephone No.: _____ Fax: _____
 Email Address: _____ Website: _____

- Form of business entity:
 Sole proprietorship Partnership Corporation LLC LLP
- (a) Name of managing partner or equivalent: Mr. Ms. _____
 AICPA Membership #: _____
 Telephone No.: _____ Fax No.: _____
 Email Address: _____
- (b) Name of person to contact at the firm concerning PCPS membership and other matters
 Mr. Ms. : _____
 Address: _____
 Telephone No.: _____ Fax No.: _____
 Email Address: _____

Attach a list of email addresses for additional firm staff who wish to receive PCPS information, news and notices.

- Number of offices If the firm has more than one office, attach a listing of the locations.
- Number of full-time personnel in your firm

	CPAs	Non-CPAs	Total
Partners (or individuals with ownership status)			
Professional (other than partners)			
Other Personnel			
Total Personnel			

Annual dues for PCPS membership: \$35 per CPA in your firm. Membership fee is capped at \$700.

Applicant's statement: To the best of our knowledge and belief, the information submitted herewith is true and correct. We agree to be governed by and comply with the membership requirements and the rules and regulations as established from time to time by the PCPS Executive Committee, including the payment of dues and the submission of peer review reports* for the PCPS public file (physical file and electronic posting on the web). **Send written statement if you do not do attest services.**

Signature _____ Date: _____

Area code and telephone number: _____

Where did you learn about PCPS? _____

I want to learn more about joining a PCPS Firm Size Networking Group.

* PCPS firms must be enrolled in an approved AICPA practice monitoring program **IF** a) the services performed by such a firm or individual are within the scope of the AICPA's practice-monitoring standards (i.e., engagements covered by SASs, SSARSs, SSAEs and "GAS"); or b) the firm (or individual) issues reports purporting to be in accordance with AICPA professional standards. There are two approved practice monitoring programs: the Center for Public Company Audit Firms Peer Review Program (Center PRP) and the AICPA Peer Review Program.

To join PCPS, simply fill out this application and fax to PCPS at 919.419.4767 or mail to 220 Leigh Farm Road, Durham, NC 27707 Attn: PCPS Membership. SEND NO MONEY NOW. Your firm will be billed on a 12-month basis. For faster processing, you should go to aicpa.org/pcps, click on the JOIN PCPS box on the left. Use the Join PCPS (Online Application) tool.