



# Firm Discount Application

The Minnesota Association of Public Accountants  
 1000 Westgate Drive, Suite 252 | St. Paul, Minnesota 55114  
 Phone: 651-290-6289 OR 800-501-4521 (MN only) | Fax: 651-290-2266  
 E-mail: info@mapa-mn.com | Web site: www.mapa-mn.com

Please return the following items for **each individual** to the MAPA address above:

- Individual membership application
- Firm membership dues payment
- Sample of professional stationery
- Business card
- Copy of CPA license, RAP registration, ACAT credential or EA license

Annual firm membership dues are reduced by 50% for new members joining after Nov. 1.

The Association has established a policy for "firm" dues, whereby employees of a member firm may become members at a reduced rate. See the rate schedule below for multiple member discounts.

Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 What is your preferred address?     Home             Work  
 Year started in accounting: \_\_\_\_\_

## Membership Year: May 1, 2010 - April 30, 2011

		Name	New/Renewing Members	Renewing	New Members	
			by May 31, 2010	June 1- Apr 30	June 1 - Oct 31	Nov 1 - Apr 30
First two MAPA Applicants:		1	\$125 _____	\$150 _____	\$150 _____	\$75 _____
		2	\$125 _____	\$150 _____	\$150 _____	\$75 _____
Renewing MAPA Applicant	New Member Applicant					
<input type="checkbox"/>	<input type="checkbox"/>	3	\$100 _____	\$125 _____	\$125 _____	\$62.50 _____
<input type="checkbox"/>	<input type="checkbox"/>	4	\$100 _____	\$125 _____	\$125 _____	\$62.50 _____
<input type="checkbox"/>	<input type="checkbox"/>	5	\$100 _____	\$125 _____	\$125 _____	\$62.50 _____
<input type="checkbox"/>	<input type="checkbox"/>	6	\$100 _____	\$125 _____	\$125 _____	\$62.50 _____
<input type="checkbox"/>	<input type="checkbox"/>	7	\$100 _____	\$125 _____	\$125 _____	\$62.50 _____
<input type="checkbox"/>	<input type="checkbox"/>	8	\$0 _____	\$0 _____	\$0 _____	\$0 _____
<input type="checkbox"/>	<input type="checkbox"/>	9	\$0 _____	\$0 _____	\$0 _____	\$0 _____
<input type="checkbox"/>	<input type="checkbox"/>	10	\$0 _____	\$0 _____	\$0 _____	\$0 _____
<input type="checkbox"/> Voluntary Contribution to Scholarship Fund			\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>			\$ _____	\$ _____	\$ _____	\$ _____

(Please attach additional names on a separate sheet; dues will be at the same rate as #10.)

### Method of Payment

Check enclosed (made payable to MAPA)     Visa             MasterCard  
 Card Number: \_\_\_\_\_ Name on card (please print): \_\_\_\_\_  
 Cardholder phone: \_\_\_\_\_ Security code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Cardholder signature: \_\_\_\_\_

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		

### RETURN APPLICATION AND PAYMENT TO:

**The Minnesota Association of Public Accountants**  
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