

Membership Request Form



Please Print All Information

Office Name: _____

Your Name: _____ (First, Last)

Main Office Address: _____

Office City: _____ Office State: _____ Number of Locations _____

Years in Business _____ Email Address _____ @ _____ . com

Contact Phone Number: () _____ - _____

Cell Phone: () _____ - _____ (only for important emergency contacts or text messages where time sensitive request are needed for the industry)

Signature: _____ Date _____

Signature authorizes NITPA to charge your card for the yearly membership as listed below.

Membership Yearly: \$250.00 Initial Office Location

Additional Office Locations \$75.00 each

Membership: Includes a "Market Share data report" for one initial office. Additional office market share reports are \$50 per request and may require an additional 7 days for extraction.

Payment Method: Circle one – American Express, Visa, Master Card, Discover or check

Credit Card Number _____ Expiration Date _____

Security Code _____ (3 on back except American Express 4 on front)

Name as it appears on card: _____

Billing Address on

Card: _____ city _____ State _____ Zip _____

Names and Numbers of those you'd like to refer to join NITPA

Name _____ Number _____

Name _____ Number _____

Return via Fax to 866-353-8732 No Cover Page is needed.

NITPA is a non-profit group founded in Montgomery Alabama and nationally recognized as the only independent lobbying voice for Tax Preparers in the U.S. by Business Week Magazine. All information is kept confidential.

____ Yes ____ NO (I would like to make an additional contribution to the Political Action Committee headed by NITPA to help increase the lobbying efforts that will defend my industry and individual business rights in the amount of \$ _____ . This will be listed as a separate onetime charge on your account.

If Mailed: NITPA P.O. Box 5022 Montgomery, Al. 36103 Attn: Treasurer Ginger Strickland, CPA