

**National Independent Tax Preparers Association
NITPA**

www.NITPA.com

2009 Membership Request Form Please Print All Information

Office Name: _____ DBA: _____

Your Name: _____ (First, Last)

Office Address: _____

Office City: _____ Office State: _____

Number of Locations _____

Preferred Mailing Address for Important or Urgent Mailings _____

Recommended by _____

Office Year Established _____

Email Address _____ @ _____ . com (print)

Contact Phone Number: () _____ - _____

Cell Phone: () _____ - _____

Signature: _____ Date _____

Initial Membership Application Fee \$139.00

Initial Membership Fee per month: \$18.95 / \$227.40 annually

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

Credit Card Number _____ Expiration Date _____

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

Name on Card if different _____

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

Name _____ Number _____

Name _____ Number _____

Name _____ Number _____

Return via Fax to 866-353-8732