



MAPA 2024-2025 Firm Discount Application

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.

Membership Information

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

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

- Individual membership application
- Firm membership dues payment
- Copy of CPA license, RAP registration, ACAT credential or EA license

Membership Year: May 1, 2023 through April 30, 2024

Renewing MAPA Applicant	New Member Applicant	Employee Name and Email Address	New/Renewing Members
<input type="checkbox"/>	<input type="checkbox"/>	1 _____	<input type="checkbox"/> \$160
<input type="checkbox"/>	<input type="checkbox"/>	2 _____	<input type="checkbox"/> \$160
<input type="checkbox"/>	<input type="checkbox"/>	3 _____	<input type="checkbox"/> \$160
<input type="checkbox"/>	<input type="checkbox"/>	4 _____	<input type="checkbox"/> \$160
<input type="checkbox"/>	<input type="checkbox"/>	5 _____	<input type="checkbox"/> \$160
<input type="checkbox"/>	<input type="checkbox"/>	6 _____	<input type="checkbox"/> \$125
<input type="checkbox"/>	<input type="checkbox"/>	7 _____	<input type="checkbox"/> \$125
<input type="checkbox"/>	<input type="checkbox"/>	8 _____	<input type="checkbox"/> \$125
<input type="checkbox"/>	<input type="checkbox"/>	9 _____	<input type="checkbox"/> \$125
<input type="checkbox"/>	<input type="checkbox"/>	10 _____	<input type="checkbox"/> \$125
<input type="checkbox"/>	<input type="checkbox"/>	11 _____	<input type="checkbox"/> \$0
Total			\$ _____ \$ _____

(PLEASE NOTE: Attach additional names and emails on a separate sheet; dues will be at the same rate as #11.)

Payment Information (If paying by credit card, all of the following fields are required.)

Check enclosed (Payable to MAPA) or Credit Card: Visa MasterCard
 Card Number _____
 Exp. Date _____ Security Code _____
 Cardholder Phone Number () - _____
 Cardholder Signature _____ Today's Date _____
 Billing Address (same as above) Other:
 Address _____
 City _____ State _____ Zip _____

Amount from Above
 \$ _____
 Voluntary Contribution to
 Scholarship Fund
 \$ _____
GRAND TOTAL
 \$ _____

Return Application and Payment to:
The Minnesota Association of Public Accountants (MAPA)
 Address: PO Box 301 Big Lake, MN 55309
 Phone: 612-366-1983
 Email: enebben@vividmanagementllc.com

PCI Compliance: MAPA has taken the appropriate steps to maintain PCI compliance. In order to protect your privacy, please do not email your credit card information to our office.

(For office use only)

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