



# MAPA 2025-2026 Individual Application

## Membership Information

Name: \_\_\_\_\_

Full Membership, Year started in accounting: \_\_\_\_\_

Associate Membership, Year started in accounting: \_\_\_\_\_

CPA, State: \_\_\_\_\_ License Number: \_\_\_\_\_

RAP, State: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Enrolled Agent, Certificate Number: \_\_\_\_\_

Other, State: \_\_\_\_\_ Number: \_\_\_\_\_

ABA - Accredited Business Accountant, Date: \_\_\_\_\_

ATA - Accredited Tax Advisor, Date: \_\_\_\_\_

ATP - Accredited Tax Preparer, Date: \_\_\_\_\_

ECS - Elder Care Specialist, Date: \_\_\_\_\_

Highest degree attained: \_\_\_\_\_ College: \_\_\_\_\_ Yr Grad: \_\_\_\_\_

Semester hours: \_\_\_\_\_ OR  Quarter hours in accounting: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Sole Practitioner  Officer of Corporation  Partner  Employee

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Spouse: \_\_\_\_\_ What is your preferred address?  Home  Work

Please check one: I consider myself to be in public accounting.  Yes  No

Please indicate the highest level of service provided:

Audit  Reviews  Compilation  Compilation without notes  None. I don't prepare financial statements.

Please indicate the approximate percentage of time spent in your practice on:

\_\_\_\_\_ Audit \_\_\_\_\_ Review \_\_\_\_\_ Compilation \_\_\_\_\_ Tax \_\_\_\_\_ Other

Have you ever been a member of MAPA?  Yes  No

I was referred to MAPA by \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Region: \_\_\_\_\_

*Please attach a separate sheet for any additional comments or explanations.*

## 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 \_\_\_\_\_

## 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: erin.nebben@mapa-mn.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.

[www.mapa-mn.com](http://www.mapa-mn.com)

Please send the following to MAPA:

- Membership application
- Membership dues
- Sample of your professional stationery
- Business card
- Copy of CPA license, RAP registration, ACAT credential or EA license

Annual Membership Year is May 1 through April 30.

**MAPA Annual Dues:**

**\$160/year**

Amount from Above
\$ _____
Voluntary Contribution to Scholarship Fund
\$ _____
<b>GRAND TOTAL</b>
\$ _____

(For office use only)

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



# Requirements for Membership

## FULL MEMBERS

Persons in public practice who meet the requirements of any one of the following subsections shall be eligible for Full Membership in the Minnesota Association of Public Accountants.

- A. Possess a valid license as a Certified Public Accountant or such other title as may be granted under state law for the practice of accountancy for the public.
- B. Be registered with the State of Minnesota as a Registered Accounting Practitioner.
- C. Be accredited in accountancy or taxation by the Accreditation Council for Accountancy and Taxation.
- D. Be enrolled to practice before the Internal Revenue Service.
- E. Persons who are full members of the Minnesota Association of Public Accountants prior to June 30, 2004, without having a credential in A. through D. above, shall be deemed to have met the eligibility requirements enumerated in Section 1 of this article. Thereafter, all applicants for Full Membership in the Minnesota Association of Public Accountants shall comply with the requirements of Section 1.

In addition to meeting one of the above requirements, each applicant for Full Membership shall be at least 18 years of age and have at least one (1) year of experience in public practice. The Minnesota Association of Public Accountants adopts the Minnesota State Board of Accountancy Rules in their entirety, including the sections on continuing professional education, except as noted below regarding the number of hours of education. Full members must abide by the Code of Professional Conduct of the Minnesota State Board of Accountancy.

Members who qualify as full members under A. through D. above are required to obtain the required number of hours of continuing professional education, in accordance with the credentials they hold. Members who qualify under E. above shall be required to obtain 120 hours of approved Continuing Professional Education in each three year period, with a minimum of 20 hours per year. At least 8 hours of the 120 hours must be in Ethics.

Proof of Continuing Education Credits shall be deemed fulfilled by a current license or registration issued by the Minnesota State Board of Accountancy, current Enrolled Agent status, or current certificate issued by the Accreditation Council for Accountancy and Taxation. Licensed and registered members shall provide a copy of the current license or registration with the dues renewal form. Members using the Accreditation Certificate shall provide a copy of the current seal with the dues renewal form. Members who qualify as Enrolled Agents must include a copy of their enrollment card with the dues renewal form. Members who qualify under E. above shall provide a signed statement annually at June 30 listing the continuing education credits earned during the period from July 1 through June 30 of that year. The Education Committee shall be charged to review these statements.

Full Members shall be required to participate in the Minnesota Association of Public Accountants Quality Review Program, or other equivalent program that meets the quality review standards in rules adopted by the Minnesota State Board of Accountancy and Minnesota Association of Public Accountants.

When a member in good standing discontinues his or her practice as a public accountant to enter another gainful occupation, he or she shall automatically become an Associate Member until such time as he or she reenters the field of public accountancy.

## ASSOCIATE MEMBERS

Persons having an interest in accountancy as a student, teacher, or an owner or employee engaged in public, private or governmental accounting work, may be admitted as Associate Members. They may have all rights and privileges of a full member, except the rights to vote and hold office. Associate members must abide by the Code of Professional Conduct of the Minnesota State Board of Accountancy.

No individual who would qualify as a full member under Section 1. of Article II of the MAPA Bylaws may hold an associate membership in the organization.

## RETIRED MEMBERS

Any full member in good standing who has retired from the active practice of public accounting or associate member in good standing who is no longer engaged in the field of accountancy may be placed in a special category of membership upon payment of a reduced membership fee, which is to be set by the Board of Directors.

They shall enjoy all the privileges of full members except the rights to vote and hold office.