

CENTRAL ARIZONA CHAPTER OF ENROLLED AGENTS
MEMBERSHIP APPLICATION FOR YEAR OF _____

Please indicate type: Member _____ *Associate of CACEA _____

Name: _____

Business Name: _____

Business Address: _____

City State, Zip: _____

Business Phone: _____ Fax: _____

E-Mail Address: _____

Enrollment Number: _____ Expiration Date: _____

National Association of Enrolled Agents Member #: _____

PTIN: _____

Name as you want it to appear on your CACEA Membership tag:

Please note specialty areas (not more than 4 please):

Individual Taxes _____

Small Business Including Schedule C _____

Partnerships _____

Corporations Including S _____

Trusts & Estates _____

International _____

Farming _____

Non-Profit organizations _____

Representation _____

Military _____

Ministry/Clergy _____

CACEA dues are \$35.00** per year payable in December for the following year. Membership is January through December of each year. Members and Associates are required to be members of NAEA and AzSEA.

Upon renewal of NAEA fees, please forward confirmation to Gil Henry at: taxpro@cox.net.

Please return completed applications to:

Gil Henry, EA

1310 W. Palo Verde Drive

Chandler, AZ 85224

Fax: 480-786-8515

E-mail: taxpro@cox.net

You can also bring your completed application to a meeting!

*Associates of CACEA are non-voting non-office holding members.

**Dues are subject to change with notice.