



Butte Chapter of CPAs

Membership Application Form

(Please Print Neatly)

First Name, Last Name* _____

Employer / Firm * _____

Title/Position _____

Mailing Address* _____

City, State, Zip * _____

Work Phone _____ Mobile Phone _____

Fax Number _____

Email Address* (all Chapter correspondence will be sent to this email address):

Please Select Your Membership Category*

1. CPA _____ \$100

2. Non-CPA Accountant _____ \$100

3. College Student _____ Free of Charge *(Note: A student qualifies for free membership if (1) he or she is at least a junior in college and is enrolled in or has completed the first section of Intermediate Accounting, OR (2) is a student member of the Montana Society of Certified Public Accountants.*

*Required Information

Return your application and check to:

Butte Chapter of CPAs
PO Box 301
Butte, MT 59703

Make check payable to Butte Chapter of CPAs