

**Attorneys and Accountants Association, Inc.**  
**Accountant Group Services, Inc.**

2030 Main Street, Suite 1300 • Irvine, CA 92614 • TEL 949-260-9004 • FAX 949-266-9561

**Membership Application**

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

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Telephone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ Firm Website: \_\_\_\_\_

Who is person responsible for workers' compensation? \_\_\_\_\_

*The Attorneys and Accountants Association, Inc. and its related organizations, Accountant Group Services and the American Association of Attorney-CPAs are authorized to communicate with our firm by fax and email to provide information regarding their programs and services. Our fax and email addresses will not be provided to any third party.*

\*Authorized Signature: \_\_\_\_\_

\* Information is required for membership.

**Please indicate the type of Practice of your firm:**

\_\_\_\_\_ Law \_\_\_\_\_ Accounting \_\_\_\_\_ Dual Practitioner \_\_\_\_\_ Financial Planner  
\_\_\_\_\_ Corporate Officer/Staff \_\_\_\_\_ Other(describe) \_\_\_\_\_

**Firm Profile – Attorneys**

**Type of Firm:** \_\_\_\_\_ Law Firm \_\_\_\_\_ Other (describe) \_\_\_\_\_

**Number of:** \_\_\_\_\_ Attorneys \_\_\_\_\_ Paralegals \_\_\_\_\_ Accountants \_\_\_\_\_ Other Professionals

**Other Staff:** \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

**Firm Profile – Accountants**

**Type of Firm:** \_\_\_\_\_ Accounting Firm \_\_\_\_\_ Other (describe) \_\_\_\_\_

**Number of:** \_\_\_\_\_ CPAs \_\_\_\_\_ Accountants \_\_\_\_\_ Other Professionals

**Other Staff:** \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

**Fax to: 949-266-9561 or mail to**

**2030 Main Street, Suite 1300**

**Irvine, CA 92614**

**In order to enjoy these benefits, you must establish membership in our organization. Membership is established by completing this application and faxing it back to us at 949-266-9561 or returning it to us by mail. Be sure to complete all items required for membership.**