



American Society of Tax Professionals

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APPLICATION FOR ACCEPTANCE

DATE: _____ PTIN: _____

APPLICANT'S NAME: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME PHONE: _____ EMAIL ADDRESS: _____

TYPE OF BUSINESS: _____ PROPRIETOR _____ PARTNERSHIP _____ CORPORATION

YEARS OF EXPERIENCE: _____ NUMBER OF EMPLOYEES: _____

MORE THAN ONE LOCATION: Y/N _____ HOW MANY? _____

TYPE OF RETURNS: _____

TYPE OF BUSINESS: _____

NAME OF YOUR REFERRAL: _____

PAYMENT INFORMATION:

\$20.00 APPLICATION FEE

PLEASE MAKE CHECKS PAYABLE TO ASTP (American Society of Tax Professionals)

**MAIL TO:
AMERICAN SOCIETY OF TAX PROFESSIONALS
115 WEST MAIN STREET
SUITE 100
ARCADIA, WI 54612**

FOR MORE INFORMATION CALL MICHELE AT 605-351-2390

Send only enrollment fee with application. You will be billed for your annual dues after your application has been received.