

INPACT AMERICAS MEMBERSHIP APPLICATION



Firm Name			
Street Address			
Mailing Address			
Telephone No.		Fax No.	
Managing Partner		E-Mail	
INPACT Contact Ptr		E-Mail	

FIRM PERSONNEL			
Equity Partners		Other Credentialed/Professional Staff (e.g. Finl Services)	
Non-Equity Partners			
Certified Technical Staff		IT Staff	
Non-Certified Technical Staff		Administrative Staff	
Para-professional Technical Staff		Total Firm Staff	

PRACTICE BREAKDOWN		ADDITIONAL INFORMATION	
Accounting Services (including C&R)	%	Gross Fees (Cash Basis) in USD for most recent fiscal year	
Certified Audits	%	Fiscal Year End	
Tax	%	Member AICPA PCPS?	
Management Advisory Services	%	Member AICPA SECPS?	
Computer Services (if different from line above)	%	Date of Most Recent Peer Review (Attach copy of AICPA letter)	
Other	%	Please attach any additional pertinent information not elsewhere included.	
Total Practice Breakdown	100 %		

Our firm is a member of the American Institute of Certified Public Accountants (or international equivalent), participates in its Peer Review program with an unqualified review, maintains professional liability insurance, and is able to participate fully in the INPACT global network, including listing in the Directory and reciprocal business referrals.

Signature/Title

Date

Branch Office 1			
Street Address			
Mailing Address			
Telephone No.		Fax No.	
Partner-in-Charge		E-Mail	

Branch Office 2			
Street Address			
Mailing Address			
Telephone No.		Fax No.	
Partner-in-Charge		E-Mail	

Branch Office 3			
Street Address			
Mailing Address			
Telephone No.		Fax No.	
Partner-in-Charge		E-Mail	

Branch Office 4			
Street Address			
Mailing Address			
Telephone No.		Fax No.	
Partner-in-Charge		E-Mail Address	

Branch Office 5			
Street Address			
Mailing Address			
Telephone No.		Fax No.	
Partner-in-Charge		E-Mail Address	

Branch Office 6			
Street Address			
Mailing Address			
Telephone No.		Fax No.	
Partner-in-Charge		E-Mail Address	

BRIEFLY DESCRIBE THE PHILOSOPHY AND MANAGEMENT GOALS OF YOUR FIRM.

WHAT NEEDS ARE YOU LOOKING FOR IMPACT AMERICAS TO MEET (FOR THE FIRM, YOURSELF, YOUR PARTNERS, YOUR STAFF)?

AS A MEMBER, WHAT DO YOU (AND YOUR FIRM) HOPE TO CONTRIBUTE TO IMPACT AMERICAS?

PLEASE ATTACH COPIES OF YOUR FIRM BROCHURE AND OTHER PROMOTIONAL ITEMS.

PROFESSIONAL REFERENCE				
Name				
Firm				
Address				
City		Zip/Postal Code		State/Country
Telephone				

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