Government Association of Certified Public Accountants (GACPA)

APPLICATION FOR MEMBERSHIP

[Enclose ₱300.00 for Membership & Annual fees]

PRINTED NAME _____
[Last] [First] [Middle Name]

AGENCY / OFFICE_____

POSITION _____ DIVISION _____

AGENCY ADDRESS _____

TEL. # _____ FAX # _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

HOME ADDRESS _____

TEL. # _____

CPA # _____ EXPIRATION DATE _____

CHAPTER AFFILIATION _____ EMAIL ADDRESS_____

I HEREBY STATE THAT I AM ELIGIBLE AND WILLING to be a GACPA member in good standing; That I will continue to support the objectives and ideals of GACPA and perform my duties and functions efficiently; That I will obey its articles of Incorporation, By-Laws and Directives promulgated by its duly-constituted authorities; That this obligation imposed by my oath is assumed voluntarily, without mental reservations or purpose of evasion, and that the fact stated herein are true to the best of my knowledge.

_____
[SIGNATURE OF MEMBER]

O. R. NO. _____ Date: _____

RIGHT HAND THUMBMARK

GACPA Certificate No. _____