



SEE Passer Membership Application

You must provide documentation showing you passed the SEE within the last 12 months.

I am applying for: _____ Regular Membership (EA # required; membership in national and state affiliate required)

Name: _____

Business Name: _____

Address: _____

City, State, Postal Code: _____

Business Phone: _____ Fax: _____

Email: _____

EA Number: _____ PTIN Number: **P** _____ Referred by: _____

Last digit of SSN – To determine your EA License renewal cycle with the IRS. Mark box that applies. _____ 0, 1, 2, 3 _____ 4, 5, 6 _____ 7, 8, 9, No SSN

National Dues: Your NAEA membership renews annually on the date which you joined. To remain an NAEA member in good standing, the bylaws require 30 hours of continuing education per calendar year, including 2 hours of ethics. Continuing education requirements are pro-rated for new members by assigning 2 credit hours for each month during the calendar year, including the 2 hour ethics requirement.

State Affiliate Dues: If your practice is located in a state listed below, the amount of the affiliate dues is noted. These dues are also annually renewed on the date in which you joined. Regular Members (Enrolled Agents) must maintain membership in both the national and state association. For information on joining a second (or more) state affiliate(s), please contact NAEA. *Second dues listed are for Associate memberships.

_____ Alabama Society of Enrolled Agents (ALSEA)	\$25	_____ Mississippi Society of Enrolled Agents (MSSEA)	\$30
_____ Arizona Society of Enrolled Agents (AzSEA)	\$50	_____ Missouri Society of Enrolled Agents (MoSEA)	\$25
_____ Arkansas Society of Enrolled Agents (ARKSEA)	\$30	_____ Nevada Society of Enrolled Agents (NVSEA)	\$75
_____ California Society of Enrolled Agents (CSEA)	\$195	_____ New Jersey Society of Enrolled Agents (NJSEA)	\$35
_____ Colorado Society of Enrolled Agents (CoSEA)	\$50	_____ New Mexico Society of Enrolled Agents (NMSEA)	\$30
_____ Connecticut Society of Enrolled Agents (CtSEA)	\$40	_____ New York State Society of Enrolled Agents (NYSSEA)	\$60
_____ Florida Society of Enrolled Agents (FSEA)	\$60	_____ North Carolina Society of Enrolled Agents (NCSEA)	\$30
_____ Georgia Association of Enrolled Agents (GAEA)	\$55	_____ N. New England Society of Enrolled Agents (NNESEA) ME NH VT	\$35
_____ Great West Society of Enrolled Agents (GWSEA) ID MT UT WY	\$40	_____ Ohio State Society of Enrolled Agents (OSSEA)	\$75
_____ Hawaii Society of Enrolled Agents (HiSEA)	\$40	_____ Oklahoma Society of Enrolled Agents (OSEA)	\$50
_____ Illinois Society of Enrolled Agents (ILSEA)	\$55	_____ Oregon Society of Enrolled Agents (OrSEA)	\$50
_____ Indiana Society of Enrolled Agents (ISEA)	\$40	_____ Pennsylvania Society of Enrolled Agents (PSEA)	\$50
_____ Iowa Society of Enrolled Agents (IASEA)	\$25	_____ South Carolina Society of Enrolled Agents (SCSEA)	\$35/*\$50
_____ Kentucky Society of Enrolled Agents (KYSEA)	\$25	_____ Tennessee Society of Enrolled Agents (TNSEA)	\$30
_____ Louisiana Society of Enrolled Agents (LSEA)	\$30	_____ Texas Society of Enrolled Agents (TxSEA)	\$55
_____ Maryland/DC Society of Enrolled Agents (MD/DC)	\$35	_____ Virginia Society of Enrolled Agents (VaSEA)	\$65/*\$75
_____ Massachusetts Society of Enrolled Agents (MaSEA)	\$60	_____ Washington State Society of Enrolled Agents (WSSEA)	\$65
_____ Michigan Society of Enrolled Agents (MiSEA)	\$35	_____ Wisconsin Society of Enrolled Agents (WSEA)	\$45/*\$25
_____ Minnesota Society of Enrolled Agents (MNSEA)	\$45		

NAEA Application Fee	\$10.00
National Dues	\$115.00
State Affiliate Dues	\$ _____
State Affiliate Initiation Fee - \$18.00 per Affiliate.....	\$ _____
Total Submitted	\$ _____

___ Check ___ AmEx/MasterCard/Visa ___ Cash

CC #: _____ Exp: _____

CVC: _____ Name on Card: _____

Return to:
National Association of Enrolled Agents
1730 Rhode Island Ave NW Ste 400
Washington, DC 20036
202-822-NAEA96232); 202-822-6270 fax

Benefits and requirements of membership are outlined in the NAEA Bylaws. I understand the requirements, and that this membership may be terminated by me at any time, or by the Association of State Affiliate, according to the circumstances outlines in the Association Bylaws.

Signature and Date