

**Plano Area Enrolled Agents  
P.O. Box 940542  
Plano, TX 75094**

**General Information**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Business Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Bus. Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

**Membership Category**

Enrolled Agent	Enrolled Actuary	CPA/Attorney/Associate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Membership Fees \$30	\$30	\$50
(For EA's Only) Treasury Card # _____		NAEA # _____

**Practice Focus**

<u>Individual</u>	<u>Business</u>	<u>Payroll &amp; Bookkeeping</u>	<u>Estates &amp; Trusts</u>	<u>Non-Profits</u>
<input type="checkbox"/> 1040	<input type="checkbox"/> Sole Prop	<input type="checkbox"/> 940's	<input type="checkbox"/> Estates	<input type="checkbox"/> Non-Profits
<input type="checkbox"/> 1040A	<input type="checkbox"/> C-Corp	<input type="checkbox"/> Payroll Proc.	<input type="checkbox"/> Trusts	<input type="checkbox"/> Tax Ex.
<input type="checkbox"/> 1040EZ	<input type="checkbox"/> S-Corp	<input type="checkbox"/> Bookkeeping		
	<input type="checkbox"/> Partnerships			

**Mailing Instructions**

Please mail this completed form and a check for the appropriate membership fee to:  
Plano Area Enrolled Agents  
P.O. Box 940542  
Plano, TX 75094

Please make checks payable to Plano Area Enrolled Agents