

All Applicants are subject to Membership Committee review for adherence to the Group bylaws, and final approval by all members.

I wish to apply for Membership in the AutoCPA Group, subject to all Group rules and bylaws:

NAME _____ PHONE(____) _____

FIRM NAME _____

ADDRESS _____

CITY _____, STATE _____ ZIP CODE _____

I hold _____ (State) Certificate # _____
granted _____, 20 _____

Is your firm in good standing with your State Board of Accountancy? Yes ____ No ____

If any pending problems with the Board, please describe:

I will plan to be in attendance at all Spring Meetings and Fall Meetings of the Group.
Yes _____ No _____

I am a member of the AICPA Yes _____ No _____

My present position with the Firm is _____

Gross billings of the Firm \$ _____

Number of my Firm's Auto Dealership clients _____

Percentage of my Firm's current fees from Auto Dealerships _____

Chargeable hours I personally incurred for Auto Dealerships in Previous Year _____
Current Year Estimate _____

List the states and number of Dealerships in each State with which your Firm works:

SIGNATURE: _____ DATE _____

Please submit the following enclosures with your application:

1. Copy of your business stationery and business card.
2. Your professional resume showing business background.
3. One page statement regarding your Firm's goals with regard to Auto Dealerships.
4. Complete the enclosed expertise questionnaire.
5. \$500 check for one-time admission fee. The cost of each meeting attended is an additional \$250.

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