

Membership Application Form

Please complete this application form and email it to membership@qbchicago.org for review or bring it to the next meeting along with your membership dues.

A member of the Membership Committee will contact you after review.

FIRM INFORMATION:

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____

Participant Name: _____

Email Address: _____

	Year of Quickbooks	Year of Quickbooks	Year of Quickbooks	Year of Quickbooks
Certified QuickBooks Pro Advisor				
Advanced Certified				
Enterprise Certified				
POS Certified				

Are you a CPA, Bookkeeper, or Accountant? _____

Do you do Personal/Corporate Taxes? _____

How did you find us? _____

If you were referred by a member, please share their name? _____

Annual Cost Per Participant: \$200.00

Make Checks Payable to: CHICAGO QUICKBOOKS PROADVISOR GROUP, INC.