

Virginia Society of Enrolled Agents

2415 Westwood Avenue, Richmond, VA 23230
 Phone: (804) 748-4733 Toll-free: (800) 344-8732 Fax: (804) 288-3551

Associate Application

Enrolled Agents may not be Associates of VASEA

Name Mr. ___ Ms. ___ Mrs. ___

Firm Name

Street Address Business ___ Residence ___

City	State	Zip+4
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Phone Numbers including area codes.

Business	Fax
Home	E-mail Address

Introduced by:

Occupation:	Enrolled Agent	Tax Practitioner	Lawyer	Accountant	Other
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To be an Associate of VASEA I understand that I must:

- Be an active tax practitioner or in a tax-related profession,
- Abide by the VASEA Bylaws, and
- Complete the continuing professional education (CPE) requirements of 30 hours per year.

 (Signature)

Dues must be submitted with application:

Initiation Fee (one time) \$15.00
 Annual Associate Dues 75.00
 Total \$90.00

Office Use Only
Rec'd _____
Amt _____ Ck# _____

Make check payable to: VASEA and return to address above or

Charge to: Discover VISA MasterCard

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Card Number

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Expiration Date

Credit card billing address zip code if different from above _____

 Cardholder Name (Please Print)

 Cardholder Signature (Must be signed)

Contributions or gifts to the Virginia Society of Enrolled Agents (VASEA) are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.