



Association of Latino Professionals in Finance and Accounting
 Formerly the American Association of Hispanic Certified Public Accountants

LA Chapter New Membership Sign Up and Renewal Sheet

Contact Information	
First Name	
Last Name	
Address:	
City/Zip Code:	
Email	
Home Phone	
Work Phone	
Mobile Phone	
Fax	
Company/School:	
Professionals (school graduated from):	
Membership	
Membership Type	
Cost	<input type="checkbox"/> \$120 1 Year Professional <input type="checkbox"/> \$300 3 Year Professional <input type="checkbox"/> \$120 1 Year Associate <input type="checkbox"/> \$300 3 Year Associate <input type="checkbox"/> \$20 1 Year Student <input type="checkbox"/> \$1,200 Lifetime
Credit Card:	VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AM EXPRESS <input type="checkbox"/>
Credit Card Number:	
Credit Card Code: (3 digit on back of CC)	
Expiration Date:	
Credit Card Billing Address:	
Make Check Payable To	ALPFA 801 South Grand Avenue, Suite 400 Los Angeles, California 90017-4646