

Massachusetts Auditor's and Accountant's Association

Temporary Membership Application

Name: _____ Date: _____

Address: _____

Are you a Student: Yes or No (circle one) Undergraduate or Graduate (circle one)

What is/was your Major _____, Minor _____

If not a student, what is your current profession and where:

Please explain why you wish to become a member (add additional sheet if necessary):

How did you learn about our organization?

X _____, Signature

Please mail completed application to: MMAAA, PO Box 982, Tewksbury, MA 01876

(This application will be submitted to the Executive Committee and voted on at their next meeting)