

# Massachusetts Auditor's and Accountant's Association

## Temporary Membership Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a Student: Yes \_\_\_ No \_\_\_ Undergraduate \_\_\_ Graduate \_\_\_

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):

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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)*