



# H A P S

Hispanic Association of Professional Services  
1152 Third Ave, Chula Vista CA 91911  
Tel: (619) 427-5950 Fax: (619) 330-4806

## Membership Registration Form New ( ) Renewal ( )

Applicant's Name: \_\_\_\_\_  
(NAME TO APPEAR ON MEMBERSHIP CERTIFICATE)

Business Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ Fax #: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

Please tell us more about you:

➤ I am a(n): ( ) Attorney ( ) CPA ( ) EA ( ) CRTRP ( ) EMPLOYEE COMPANY: \_\_\_\_\_

➤ PTIN # \_\_\_\_\_ CTEC-A# \_\_\_\_\_

➤ Number of years in your Practice: \_\_\_\_\_ Year-Round in Tax Practice? ( ) Yes ( ) No

➤ Have you ever been convicted of a crime? ( ) Yes ( ) No

➤ Have you ever been convicted of any criminal offense under the U.S. INTERNAL REVENUE Laws or been assessed any preparer penalties? ( ) Yes ( ) No

➤ Tax or Professional organization(s) in which you hold membership: \_\_\_\_\_

I hereby state that the accompanying statement is true to the best of my knowledge and belief.

I further certify that if I am accepted as a member, I will abide by the Constitution and By-Laws of the association and will practice in strict conformity with the Code of Ethics and Rules of Professional Conduct adopted by the Association. In the event my membership is terminated by the Association, I agree to return my Certificate of Membership.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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### Submit your application by

Fax: (619) 330-4806 or e-mail: [HAPS@haps-ca.org](mailto:HAPS@haps-ca.org)

#### Fees:

( ) \$200.00 New Membership ( ) \$75.00 Employee

( ) \$125.00 Renewal Membership ( ) \$50.00 Employee

Please make checks payable to:  
"H.A.P.S."  
1152 Third Ave  
Chula Vista, Ca 91911

#### CREDIT CARD #

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( ) Visa ( ) MasterCard ( ) AMEX ( ) Discover

Exp. \_\_\_\_ / \_\_\_\_ V Code: \_\_\_\_\_

\*\*\* Auth. Signature: \_\_\_\_\_ Date: \_\_\_\_\_