



GOVERNMENT ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS, INC. (GACPA)

MEMBERSHIP REGISTRATION FORM

INSTRUCTIONS

1. Type or print all entries in **BLOCK** or **CAPITAL LETTERS**.
2. All fields marked with asterisk (*) are mandatory.
3. The 'Name Extension' shall refer to JR, II and the like.
4. The 'Agency/Office Classification' shall refer to Nat'l Gov't Office, Local Gov't Unit, State Universities & Colleges, GOCC, GFI, etc.
5. For retirees, indicate your previous agency/office name and agency/office classification.

PERSONAL INFORMATION

| | | | |
|-------------------------|---------------------|---------------|----------------|
| *Last Name | *First Name | *Middle Name | Name Extension |
| *Birthdate (MM/DD/YYYY) | *Gender | *Civil Status | |
| *CPA License No. | Chapter Affiliation | | |

ADDRESS AND CONTACT DETAILS

| | | | | | |
|---------------------------|-------------|-------------------|---------------|-----------|-----------|
| *Permanent Address | | | | | |
| Unit/Room No. | Floor | Building Name | Lot No. | Block No. | Phase No. |
| House No. | Street Name | | Subdivision | | |
| Barangay | | Municipality/City | Province | | *Zip Code |
| Mobile Number | | Landline | Email Address | | |

EMPLOYMENT DETAILS

| | | | | | |
|-------------------------------|-------------|-------------------|-------------|------------------|-----------|
| Position/Designation | | | | | |
| *Agency/Office Name | | | | Telephone Number | |
| *Agency/Office Classification | | | | | |
| *Agency/Office Address | | | | | |
| Unit/Room No. | Floor | Bldg. Name | Lot No. | Block No. | Phase No. |
| Bldg. No. | Street Name | | Subdivision | | |
| Barangay | | Municipality/City | Province | | Zip Code |

PRIVACY NOTICE

GACPA collects from members personal information, such as full name, birthdate, gender, civil status, among others, for reference purposes under the GACPA membership database.

I hereby state that I am eligible and willing to be a GACPA member in good standing; That I will continue to support the objectives and ideals of GACPA and perform my duties and functions efficiently; That I will obey its Articles of Incorporation, By-Laws, Directives promulgated by its duly constituted authorities; That this obligation imposed by my oath is assumed voluntary, without mental reservations or purpose of evasion, and that the fact stated herein are true to the best of the my knowledge.

Likewise, I hereby authorize GACPA to collect, use and process my personal data as part of my information.

Signature of Member

Date Signed

(For GACPA USE ONLY)

| | | |
|------------------------|-------------|-----------------|
| Membership Fee: OR No. | OR Date | Processed by: |
| GACPA ID No. | Date Issued | Membership Type |