



P.O. Box 2873, Mechanicsville, VA 23116
Phone: (804) 723-5888 Fax: (804) 452-7510
Website: www.vasea.org / Email: admin@vasea.org

Associate Application

Enrolled Agents may not be Associates of VASEA. They have to join as Members.

Name: _____

Street Address: _____

City, ST Zip: _____

Business Phone: _____ Fax: _____

Email: _____

Firm name: _____

Occupation: Tax Practitioner Lawyer Accountant Other

To be an Associate of VASEA I understand that I must:

- Be an active tax practitioner or in a tax-related profession,
- Abide by the VASEA Bylaws, and
- Complete the continuing education (CE) requirements of 30 hours per year.

(Signature)

Application Fee: \$15.00

Dues: \$75.00

Total: \$90.00

- Check
- Visa/MasterCard/Amex/DC
- Cash

Name on Card: _____

CC #: _____

Expiration Date: _____

CVV Code: _____

Contributions or gifts to the Virginia Society of Enrolled Agents (VASEA) are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.