

ncpeFellowship



**New Member Application**

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

**Pay with Credit Card by Fax:**

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Professional Designation (RRP, EA, CPA, Attorney, Other) \_\_\_\_\_

Years in Tax Business \_\_\_\_\_

Returns Prepared (1040, all returns) \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card No: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Card 3 Digit Security Code \_\_\_\_\_

Annual Membership: \$120.00

Please fax this application to ncpeFellowship administrative office,  
Fax no. 210. 694.0660

**Pay with Check by Mail:**

Mail this application and check in the amount of \$120.00, payable to ncpeFellowship, to:

ncpeFellowship Administrative Office  
2313 Lockhill-Selma, # 235  
San Antonio, TX 78230