

ALLEGHENY TAX SOCIETY

Application for Membership

Name of Applicant:_____

Firm:_____

Address:_____

Telephone:_____ Fax:_____

eMail Address:_____

Position:_____

Education:_____

CPA: Yes_____ No_____

Date of Birth:_____ (optional)

Sponsor: (Allegheny Tax Member)_____

Principal/General Area of Tax Expertise:

_____	Federal Income Tax	_____	State & Local
_____	Estate & Gift	_____	Foreign
_____	Other (describe)	_____	

Number of Years of Experience in Taxation: _____ 3 to 5
_____ 5 to 10
_____ Over 10

History of Tax Experience:_____

Please describe in detail, 5 recent significant tax projects or specific areas in which most of your experience is concentrated. Please feel free to utilize additional pages if additional space is needed.

1. _____

2. _____

3. _____

4. _____

5. _____

Return your completed applications to:

Shawn M. Firster

Grossman Yanak & Ford, LLP

Three Gateway Center, Suite 1800

Pittsburgh, PA 15222

or e-mail to:

firster@gyf.com