

## FORENSIC SERVICES SECTION LEADERSHIP APPLICATION

To be considered for a leadership position as an officer or at large member of the steering committee or as an officer of an individual section, please complete this form. Be specific and reply in as much detail as space permits. Complete all sections or use "N/A" for items that are not applicable. **Application deadline is Friday, January 5. Only CPA members are eligible for leadership positions.**

**Position(s) Seeking:** *Please rank your preferences in rank order for the top three position(s) for which you are applying.*

Steering Committee:  Member at Large (3 positions open)

**YES** I would like to serve as an individual section officer. Check section and position below (2-year term)

|                                                                     |                                |                                     |                                    |                                    |
|---------------------------------------------------------------------|--------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> <b>Business Valuation:</b>                 | <input type="checkbox"/> Chair | <input type="checkbox"/> Vice-chair | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> <b>Economic Damages:</b>                   | <input type="checkbox"/> Chair | <input type="checkbox"/> Vice-chair | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> <b>Family Law:</b>                         | <input type="checkbox"/> Chair | <input type="checkbox"/> Vice-chair | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> <b>Fraud and Financial Investigations:</b> | <input type="checkbox"/> Chair | <input type="checkbox"/> Vice-chair | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary |

**PLEASE TYPE OR PRINT**

CalCPA ID Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Chapter Affiliation: \_\_\_\_\_  
(First) (MI) (Last)

Firm or Organization: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_  
(No. & Street) (City) (State) (Zip Code)

**CALCPA SERVICE** - (Steering committee, individual section, chapter, state committee, council, or trustee - give years of service, including the coming year):

\_\_\_\_\_  
 \_\_\_\_\_

**SHARE YOUR SUCCESSES** - List your contributions to CalCPA in the areas in which you have served:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOW WILL YOU CONTRIBUTE** - List and explain what you will contribute to position(s) you are applying for.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STATE BOARD OF ACCOUNTANCY SERVICE** - Committee(s) and year(s) of service:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AICPA SERVICE** - Committee(s), task force(s) and year(s) of service:

\_\_\_\_\_  
 \_\_\_\_\_

**OTHER SERVICE** - Service to professional/community organizations and volunteer/elected public service experience:

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Occupational category (Please check):

**Public Practice:**

- Individual Practitioner
- Partner
- Manager
- Staff

**FIRM SIZE**

- Solo/Sole Practitioner:
- Small Firm (10 or less CPAs)
- Large/Local firm (11 + CPAs, one office)
- Large/Multi-office Firm (11+ CPAs, multiple offices)
- Regional/National Firm
- International/Big 4 Firm

**Public Practice area of concentration - rank in order of hours spent as a percentage:**

- Accounting: \_\_\_\_\_
- Auditing: \_\_\_\_\_
- Compilation and Review: \_\_\_\_\_
- Management Consulting Services: \_\_\_\_\_
- Technology Services: \_\_\_\_\_
- Practice Management: \_\_\_\_\_
- Tax: \_\_\_\_\_
- Other: \_\_\_\_\_

**Forensic/Litigation Services:**

- Business Valuation: \_\_\_\_\_
- Economic Damages: \_\_\_\_\_
- Fraud: \_\_\_\_\_
- Dispute Resolution: \_\_\_\_\_
- Family Law: \_\_\_\_\_
- Other: \_\_\_\_\_

**Non-Public Practice - specify:**

- Education: \_\_\_\_\_ General Industry: \_\_\_\_\_ Government: \_\_\_\_\_
- Other – specify: \_\_\_\_\_

**Optional Information:**

- Gender:**  Female  Male
- Ethnicity:**  African American  Hispanic
- Asian  Native American
- Caucasian  Other (Please Specify) \_\_\_\_\_

If selected I will make every attempt to attend all meetings and seek out assignments in order to enhance Sections activities and programs.

Date: \_\_\_\_\_ Submitted by: \_\_\_\_\_  
Signature

Please Mail, Fax or E-mail the Completed Form to:  
California Society of CPA  
E-mail to: [Emily.Ku@calcpa.org](mailto:Emily.Ku@calcpa.org)

Questions? Contact:  
Emily Ku  
[Emily.Ku@calcpa.org](mailto:Emily.Ku@calcpa.org)  
Phone: (818) 546-3502

**Application Deadline**  
**Friday, January 5**