



Elevate your impact.

Government Auditor Directory Sign Up Form

Please fill out the form below and return it to the MNCPA to be listed in the directory.

Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Contact name: _____

Contact phone: _____

Contact email: _____

(If the MNCPA receives an RFP from a government entity, the person on this form will be contacted via email with the details.)

Audit Information:

Audit(s) offered (select all that apply):

- City
- County
- School
- Special Districts

Listing Requirements:

- At least one MNCPA member works at the firm.
- Firm is currently enrolled in a peer review program.
- Firm has a rating that is not “fail” on the most recent peer review report.

Please check and sign here to indicate the above requirements are met:

- I have read the requirements and confirm my firm meets them.

Signature: _____ Date: _____

Please mail completed form to:

Minnesota Society of CPAs
 1650 West 82nd Street, Suite 600
 Bloomington, MN 55431-1458

Or email the completed form to membership@mncpa.org