

Minnesota Board of Accountancy
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<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>	<u>Former Name, if applicable</u>
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<u>Current Home Address</u>			<u>Prefer mail sent to:</u>
			<input type="checkbox"/> Home <input type="checkbox"/> Work
<u>Home Phone</u>	<u>Work Phone</u>	<u>Daytime Fax</u>	
<u>Current Employer Name and Address</u>			
<u>Signature</u>		<u>Date</u>	

Mail or fax this form to the address/fax number listed above.