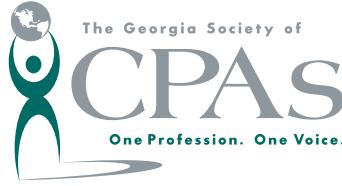


Membership Application



For office use only:

Application #: _____ Deposit Amount: _____
Date Approved: _____ Deposit Date: _____

Please process my application as a:

- Fellow Member
- Associate Member
- Educator/Fellow Member

I am reinstating my membership:

- Yes
- No

PERSONAL INFORMATION

First	Middle	Last	Suff (Jr., III, etc.)
Nickname		Gender	
Home Address			
Date of Birth		Name of Spouse	
Home Phone		Home Email Address	
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Office			
How did you hear about the GSCPA? _____			

PROFESSIONAL INFORMATION

Firm/Company Name	Position
Business Address	
Business Phone	Business Fax
Business Email Address	
Type of Business:	<input type="checkbox"/> CPA Firm <input type="checkbox"/> Industry <input type="checkbox"/> Government <input type="checkbox"/> Education <input type="checkbox"/> Other

Membership Application

CERTIFICATION INFORMATION

If you are applying for **Fellow** membership, please complete the following certification information:

CPA License #: _____ Date Issued: _____ State Issued: _____

CPA License #: _____ Date Issued: _____ State Issued: _____

MEMBERSHIP INFORMATION

AICPA Member? Yes No AICPA Member Number: _____

Are you under investigation or sanction by the Georgia State Board of Accountancy or the American Institute of Certified Public Accountants (AICPA)?

Yes No If yes, please attach a statement of explanation to this application.

Declarations: *The facts stated in this application are correct.*

Signature: _____ Date: _____

MEMBERSHIP DUES

Membership Dues

Associate \$95 Fellow \$185 Educator/Fellow \$95

Reinstatement Fee

\$50

Contribution to Educational Foundation

Voluntary Contribution \$25

Chapter Dues

_____ Chapter \$ _____

(Members have the option to join a chapter by referring to the web site or be a Member-at-Large.)

PAYMENT INFORMATION

Applicant's Name: _____

Check Enclosed: Personal Firm Check# _____

Credit Card: Visa Master Card American Express Discover

Card# _____ Exp. Date _____

Signature: _____ Amount Paid: _____