

APPLICATION TO JOIN

APPLICANT'S BACKGROUND

Name _____

Title _____

Firm/Company _____

Address _____

City, State, Zip _____

Telephone _____

Fax _____

E-Mail Address _____

WWW Home Page _____

Individual Membership

- CPA Exam passed (mo/yr) _____
- CPA Certification (mo/yr) _____
- Certificate number/state _____
(your certificate number is required to receive voting rights)

Professional Subscription

- Expected CPA exam (mo/yr) _____

I confirm that I intend to fulfill the requirements of regular AWSCPA members by passing the Uniform CPA exam.

signature _____

Student Subscription

- Expected graduation (mo/yr) _____
- Expected CPA exam (mo/yr) _____

I confirm that I am a student pursuing a degree in accounting.

signature _____

(please complete reverse side)

APPLICATION TO JOIN - PART TWO

Where did you hear about us? _____

MEMBERSHIP CATEGORIES

Individual Member

Open to all individuals who have passed the Uniform CPA exam and/or have received certification. Members are eligible to hold an officer position, and may serve on committees. Only members who have received their CPA certification receive voting rights.

Professional Subscription

Open to all individuals currently in the accounting field who intend to fulfill the requirements to become a CPA. Professional subscribers do not have voting rights and are not eligible to hold an officer position; however they may serve on committees.

Student Subscription

Open to all individuals actively pursuing degrees in accounting programs. Student subscribers do not have voting rights and are not eligible to hold an officer position; however, they may serve on committees. The student subscription is limited to a term of five years.

PAYMENT INFORMATION

National Membership Dues - One Year

- National Individual Member \$125
- National Professional Subscription \$125
- National Student Subscription \$30

Plus One-time Application Fee

- Indiv/Professional Application Fee \$25
- Student Application Fee \$10

Plus Affiliate Dues - One Year

- New York Affiliate Dues \$35

Total amount enclosed \$ _____

PAYMENT

- Check enclosed Credit Card Visa/MC/AMX

Card # _____

Expiration Date _____

Signature of Cardholder _____

Make check payable and mail, fax or e-mail to:

American Woman's Society of CPAs

136 South Keowee Street • Dayton, Ohio 45402

VOICE: (800) AWSCPA1 • FAX: (937) 222-5794

E-MAIL: info@awscpa.org • www.awscpa.org