

# STUDENT AFFILIATE MEMBERSHIP APPLICATION



**YES! I WANT TO INVEST IN A FUTURE WITH NO LIMITS!**

**Enroll me as an AICPA Student Affiliate Member today!**

Please print this form, complete ALL of the required information, and fax or mail it to the AICPA at the address/fax number to the right.

## MAILING INSTRUCTIONS\*

Mail completed form to:  
AICPA  
ATTN: SCO – Membership  
P.O. Box 52403  
Durham, NC 27717-9924  
**Or fax to:** 1-800-362-5066  
**Attn:** Service Center  
Web Code JA

## 1. REQUISITE PROCESSING INFORMATION (PLEASE PRINT CLEARLY)

NAME:	BIRTH DATE (MM/DD/YY): / /
E-MAIL ADDRESS:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female

### PLEASE INDICATE PREFERRED MAILING ADDRESS

<input type="checkbox"/> <b>BUSINESS</b> / SCHOOL/BUSINESS NAME:	<input type="checkbox"/> <b>HOME</b>
STREET ADDRESS:	STREET ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
SCHOOL/BUSINESS PHONE: ( )	HOME PHONE: ( )
FAX NUMBER: ( )	
BETA ALPHA PSI CHAPTER NUMBER: (complete this field only if you are a Beta Alpha Psi member)	

## 2. PLEASE TELL US ABOUT YOURSELF

**STUDENT**  **BY CHECKING THIS BOX, I ATTEST I AM A FULL-TIME STUDENT, AND HAVE AN ACTIVE/VALID STUDENT I.D.**

**Freshman**  **Sophomore**  **Junior**  **Senior**  **Graduate Student**

EXPECTED GRADUATION DATE (MM/YY): /

## 3. AICPA MEMBER DUES

**STUDENT** \$35

## 4. PAYMENT INFORMATION

My check for \$ payable to the AICPA is enclosed. **(PAYMENT MUST ACCOMPANY APPLICATION TO ACTIVATE MEMBERSHIP)**

OR Please bill my credit card:  **AMEX**  **Diners Club**  **Discover**  **MasterCard**  **VISA**

NAME APPEARING ON CARD:

CARD#:	EXP. DATE: /	<b>BILLING ADDRESS</b>
SIGNATURE:	AMOUNT:	
		STREET ADDRESS:
		CITY/STATE/ZIP:

**NOTE:** Membership will not be processed without payment, and there are no membership dues refunds. You may remain a Student Affiliate as long as you are a full time student and for five years after graduation and/or completing graduate school to fulfill the 150-hour requirement (if applicable). Upon meeting the eligibility requirements to sit for the CPA exam, you must sit for the CPA exam at least once each year to remain in this membership category. No one may remain a Student Affiliate for longer than a total of ten years, and existing CPAs may not apply for this membership even though they may be students. Student Affiliates will not have voting rights and may not generally serve on AICPA Committees. Only students residing in the U.S. are eligible for membership.

## 5. APPLICANT STATEMENT

To the best of my knowledge and belief, the information contained herein is true and correct. I agree to abide by the decisions of the Board of Directors as to the disposition of this application. If admitted as an Affiliate, I agree to be governed by and to comply with the Bylaws and Code of Professional Conduct of the Institute.

SIGNATURE:	DATE (MM/DD/YY): / /
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