

MEMBERSHIP APPLICATION



Today's Date: _____

- Yes, I want to join SCSA
- Yes, I am interested in joining SCSA. *Please send me additional information.*

Enroll me as a member today.

Name: _____ Name of Firm: _____

Mailing Address: _____

City, State, Zip: _____

Fax: _____ Business Phone: _____

Email: _____

- Sole Proprietor
- Partner
- Employee
- Corporate Officer

Name of Partner(s): _____

Date of Birth: _____

No. of years experience in practice: _____

Check those that apply:

- Enrolled to practice before the IRS
- Licensed Public Accountant, Lic. No. & State
- Licensed Accounting Practitioner, Lic. No. & State
- Certified Public Accountant, CPA No. & State
- Accredited by the Accreditation Council for Accountancy in: Accountancy Taxation

Degree: _____ Year: _____ School: _____

National or state accounting organization in which you now hold membership: _____

Accounting experience (public or private) other than current position: _____

Employer and Dates: _____

The following references may be contacted: *(Please include Name Address City, State, Zip and Phone)*

Check below the class of membership for which this application is made:

Active Member: Persons who possess valid permits to practice as Public Accountants, Accounting Practitioners, Certified Public Accountants, or Enrolled Agents and those who are not licensed, who are now employed by licensed accountants and have been employed at least three years with a licensed firm (regardless of whether the firm or its principals are members of the South Carolina Society of Accountants) and are now accredited by the National Society of Accountants in Accountancy or Taxation shall be eligible for membership as active members.

- Associate Member: CPAs who are not actively engaged in the practice of accounting but possess an interest in accounting; attorneys who possess an interest in accounting; officers and employee accountants of banks and in private industry who possess an interest in accounting; educators actively engaged in the instruction of accounting subjects; employees engaged in accounting work; governmental accountants; and individuals with an interest in the accounting profession.
- Student Member: Persons pursuing a course of study in accounting, business administration, or related subjects in a college, university, business school or home study school. (Student applicants should include a letter from their school verifying their student status or a copy of their current course schedule and a copy of their student ID.)

Please check amount to pay:

- Active Member: \$100 plus \$10 application fee..... \$110
- Associate Member: \$80 plus \$10 application fee..... \$90
- Student Member: \$15 plus \$10 application fee \$25

Attach a copy of your professional stationery and business card. Outline below any information not otherwise covered in this form, that should be on file in the office of the Society. The information should indicate the fields of activity in which you are experienced or in which you have an interest. The names of professional publications you currently read, details of any experience in teaching accounting, or related subjects, and details of any membership in societies.

I hereby state that the accompanying statements are correct to the best of my knowledge. I further state that I will abide by the Constitution and Bylaws of the Association and will practice in strict conformity with the Code of Ethics and Rules of Professional Conduct adopted by the Society.

Signature: _____

Payment Method:

- Check Enclosed
- Credit Card:
- VISA MasterCard American Express

Credit Card Number: _____

Expiration Date: _____

CV Code on the back: _____

Cardholder Name: _____

Billing Address: _____

Signature: _____

Date: _____

Total Paid: \$ _____



**Please return this application and fee to the
South Carolina Society of Accountants
1215 Anthony Avenue Columbia, SC 29201 •
Telephone: 803-779-0340 • Fax 803-254-3773**