

## Alabama Society of Certified Public Accountants

PLEASE TYPE OR PRINT

MEMBERSHIP

STUDENT MEMBERSHIP

ASSOCIATE MEMBERSHIP

### PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME, MIDDLE NAME)				PREFERRED NAME	
PRESENT ADDRESS		APT. NO.	CITY		STATE ZIP
PERMANENT ADDRESS		APT. NO.	CITY		STATE ZIP
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME PHONE #	OFFICE PHONE #		E-MAIL ADDRESS	
FAX PHONE #	DATE OF BIRTH			PLACE OF BIRTH	
MINORITY GROUP (optional)				SPOUSE'S NAME	

### FIRM OR ORGANIZATION

NAME					
POSITION HELD					
TYPE <input type="checkbox"/> PUBLIC ACCOUNTING <input type="checkbox"/> INDUSTRY <input type="checkbox"/> GOV. , EDU. <input type="checkbox"/> RETIRED, UNEMPLOYED <input type="checkbox"/> OUT OF STATE <input type="checkbox"/> OTHER					
MAILING ADDRESS (PO BOX)			CITY	STATE	ZIP
STREET ADDRESS		APT. NO.	CITY	STATE	ZIP
PREFERRED MAILING ADDRESS		<input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME			
SPONSORING CPA'S NAME (student or associate members only)				PHONE NUMBER	
COLLEGE PROFESSOR'S NAME (student only)				PHONE NUMBER	
STATE BOARD EXAM NUMBER			HAVE YOU APPLIED TO SIT FOR THE NEXT CPA EXAM? <input type="checkbox"/> YES <input type="checkbox"/> NO		

### EDUCATION

COLLEGE GRADUATED FROM					
DEGREES OBTAINED					
STATE GRANTING CPA CERTIFICATE				DATE OF CERTIFICATE	
ALABAMA RECIPROCAL CERTIFICATE		<input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFICATE NUMBER		DATE OF RECIPROCAL LICENSE

**MY SIGNATURE BELOW INDICATES THAT I AGREE TO ABIDE BY THE ASCPA BY-LAWS AND CODE OF ETHICS.**

DATE	SIGNATURE
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\*\*\*YOUR SOCIETY MEMBERSHIP CERTIFICATE WILL BE LETTERED AS IN No. 1 unless you specify otherwise.\*\*\*