

# Student Membership Application

## Personal Information

First name \_\_\_\_\_

Middle initial \_\_\_\_\_

Last name \_\_\_\_\_

Nickname (for nametag use) \_\_\_\_\_

Gender:  Male  Female

Date of birth \_\_\_\_\_

Preferred email address \_\_\_\_\_

Secondary email address \_\_\_\_\_

Mobile phone \_\_\_\_\_

Facebook URL \_\_\_\_\_

LinkedIn URL \_\_\_\_\_

Twitter handle \_\_\_\_\_

### Ethnic Origin

- African American  
 American Indian or Alaskan Native  
 Asian  
 Hispanic or Latino  
 Native Hawaiian or other Pacific Islander  
 Other \_\_\_\_\_

Permanent address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Permanent phone \_\_\_\_\_

Temporary address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Temporary phone \_\_\_\_\_

Temporary address dates  
(from mm/dd/yyyy to mm/dd/yyyy) \_\_\_\_\_

### Send VSCPA mail to my:

- Permanent address  Temporary address

### What prompted you to apply for membership?

- Brochure/flyer  Email  
 Disclosures  VSCPA website  
 Professor  Other \_\_\_\_\_

## Undergraduate Education

Undergraduate college/university \_\_\_\_\_

Major \_\_\_\_\_

Date of graduation (mm/dd/yyyy) \_\_\_\_\_

## Graduate Education

Graduate college/university \_\_\_\_\_

Major \_\_\_\_\_

Date of graduation (mm/dd/yyyy) \_\_\_\_\_

## Associations

Please select the accounting organizations you belong to

- Accounting Club  Beta Alpha Psi  
 AICPA  Delta Sigma Pi  
 ALPFA  NABA  
 Alpha Kappa Psi  Other accounting organization  
\_\_\_\_\_

Do you serve as an officer in any of the above organizations?

- Yes  No

If so, which organization(s)? \_\_\_\_\_

## CPA Exam

Do you plan to sit for the CPA Exam?  Yes  No

If yes, approximate date (mm/dd/yyyy) \_\_\_\_\_

## Affirmation & Signature

- I am applying for FREE student membership in the Virginia Society of CPAs (VSCPA). I affirm that I am not a CPA, I do not work in an accounting or finance position and I am not qualified for any other VSCPA membership category. (See [www.vscpa.com/Dues](http://www.vscpa.com/Dues) for category descriptions.)
- I will abide by the VSCPA's Bylaws and Code of Professional Conduct, as well as any revisions which may hereafter be made pursuant to law.
- I have never been convicted of a felony.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

*If you cannot affirm the above statements, please contact VSCPA Member Relations Director Brenda Fogg at [bfogg@vscpa.com](mailto:bfogg@vscpa.com) or (804) 612-9409 for guidance.*



Virginia Society of  
Certified Public  
Accountants