

# Membership Application



Virginia Society of  
Certified Public  
Accountants

Please complete this application or apply online at [www.vscpa.com/join](http://www.vscpa.com/join). Enhance your experience with the VSCPA — customize your membership on the back of this form.

## Personal Information

First Name or Initial \_\_\_\_\_

Middle Name or Initial \_\_\_\_\_

Last Name \_\_\_\_\_

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

Credentials (e.g., CPA, CFP, ABV, etc.) \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Preferred E-mail Address \_\_\_\_\_

**Gender:**  Male  Female

**Send all VSCPA mail to my:**  Home  Office

**Are you an AICPA member?**  Yes  No

AICPA Member # \_\_\_\_\_

**Have you previously been a VSCPA member?**  Yes  No

**Were you referred to the VSCPA by a current VSCPA member? If so, please enter the information below.**

Member's Name \_\_\_\_\_

Member's ID# (if known) \_\_\_\_\_

## Professional Information

Firm/Company Name \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

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

Phone (main office number) ( \_\_\_\_\_ ) \_\_\_\_\_

Phone (direct line) ( \_\_\_\_\_ ) \_\_\_\_\_

Fax (main office) ( \_\_\_\_\_ ) \_\_\_\_\_

## General Business (choose one)

Public Accounting  Education  Other \_\_\_\_\_  
 Business or Industry  Government

## General Position (choose the closest one)

Accounting Educator  
 Administrator  
 Analyst  
 Attorney  
 Auditor  
 CFO  
 Consultant  
 Controller  
 Dean  
 Director  
 Financial Planner  
 General Partner  
 Manager  
 Managing Partner  
 Non-Ownership Mgmt.  
 Officer  
 President/CEO  
 Principal/Owner  
 Retired  
 Seasonal Employee  
 Senior Accountant  
 Senior Manager  
 Shareholder  
 Sole Practitioner  
 Staff  
 Staff Accountant  
 Unemployed  
 Vice President  
 Other \_\_\_\_\_

## Peer Review Information

VSCPA members working in public accounting firms that perform accounting and/or auditing engagement(s) covered by SASs; SSARS; SSAEs and the Government Auditing Standards (the Yellow Book), issued by the GAO **must be enrolled in an approved practice-monitoring program** (e.g., the AICPA or VSCPA Peer Review Program). Is your firm currently enrolled in an approved practice-monitoring program?  Yes  No

## Membership Type/Licensure

(I am applying for membership as:)

**Fellow (licensed).** Please complete the following:

License # \_\_\_\_\_ Date of issue: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Issued by the state of:  Virginia  Other: \_\_\_\_\_

Are you a full-time educator at a college or university?

Yes  No

**Associate (not licensed).** Which of the following best describes you?

I have completed the academic requirements and am pursuing further requirements necessary to receive a CPA designation. Date undergraduate degree was received: \_\_\_\_\_

I am professional staff employed by or under the supervision of a Fellow VSCPA member.

I am a non-CPA owner of a CPA firm.

I am a non-CPA, full-time educator at a college or university.

I am a firm administrator.

## Application Process and Payment

Membership is based on the VSCPA's fiscal year, which runs from May 1 to April 30. Dues are prorated based on the time of year you join and your dues class. To determine the correct payment amount, please refer to the dues schedule located under "**Membership Categories**" in the "**Join VSCPA**" section of [www.vscpa.com](http://www.vscpa.com) or call (800) 733-8272. Payment must be submitted with this application.

## Professional Conduct

**Have you ever been convicted of a felony?**  Yes  No

I hereby agree that, if accepted as a member of the Virginia Society of CPAs, I will abide by the Society's Bylaws and Code of Professional Conduct (available at [www.vscpa.com](http://www.vscpa.com)), as well as any revisions which may hereafter be made pursuant to law.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Payment Information

If your letter or e-mail contained a **VIP Code**, please enter it here:

**Check Payments** — Send payment to **Virginia Society of CPAs**, P.O. Box 758988, Baltimore, MD 21275-8988.

**Credit Card Payments** — Send payment to **Virginia Society of CPAs**, 4309 Cox Rd., Glen Allen, VA 23060, fax to (804) 273-1741 or visit [www.vscpa.com](http://www.vscpa.com).  
 American Express  Discover  MasterCard  Visa

I wish to contribute \$ \_\_\_\_\_ to the CPA Political Action Committee of Virginia.

I wish to contribute \$ \_\_\_\_\_ to the VSCPA Educational Foundation.

Payment Amount \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

**Customize  
your membership!**

Complete the reverse side of this application.



# Customize your membership!

At the VSCPA, we strive to connect you with the best, most relevant and current information — publications, conferences, seminars, RSS feeds, podcasts and more — on topics that are of interest specifically to you. To make sure you receive the information you want, please take a minute to customize your membership by completing the sections below.

## Primary Business

(choose one)

- Agribusiness
- Business Services
- Construction
- Consulting
- CPA Firm — Sole Practitioner
- CPA Firm — Local
- CPA Firm — Regional
- CPA Firm — National
- Education Institution
- Entertainment/Hospitality
- Financial Institution/Banking
- Financial Planning
- Government — Federal
- Government — Local
- Government — State

- Health Care
- Insurance
- Legal
- Manufacturing
- Media/Publishing
- Nonprofit/Association
- Real Estate
- Retail
- Search Firm/Recruiter
- Technology
- Telecommunications
- Transportation
- Utilities
- Wholesale
- Other \_\_\_\_\_

## Primary Job Responsibility

(choose the closest one)

- Accounting Manager
- Auditing/Assurance Services
- Business Valuation/Litigation
- Controller/CFO
- Construction Specialist
- Consulting
- Educator/Academia
- Employee Benefits
- Financial Planning

- Forensic Accounting
- Governmental Specialist
- Health Care Specialist
- Human Resources
- Management Specialist
- Manufacturing Specialist
- Nonprofit Specialist
- Small Business Specialist
- Tax Service
- Technology

## Interest Areas

- Accounting — Federal Government
- Accounting — Non-Governmental
- Accounting — State and Local Government
- Agriculture
- Attest Services
- Auditing
- Auditing — Governmental and Nonprofit
- Bankruptcy
- Billing and Collections
- Business Continuation
- Business Valuation
- Cash Management
- Consulting Services
- Construction
- Controllership Issues
- Corporate Finance
- Cost Accounting
- Disaster Recovery
- Elder Care
- Employee Benefits
- Employment Law
- Estate Planning
- Financial Institutions
- Financial Planning
- Fraud
- Fundraising and Philanthropy
- Health Care

- Human Resources
- Insurance
- International Issues
- Leadership Training
- MAP Issues
- Manufacturing
- Marketing CPA Services
- Media Relations
- Nonprofit
- Peer Review
- Pension and Profit Sharing
- Pro Bono Assistance
- Professional Ethics
- Professional Liability
- Public Service Programs
- Regulatory/Legislation
- Retirement Planning
- Small Business Management
- Staff Recruitment and Retention
- Staff Training
- Strategic Planning
- Student and Educator Outreach
- Taxation — Corporate
- Taxation — Estate and Gift
- Taxation — Federal
- Taxation — Individual
- Taxation — International
- Technology
- Young CPA Programs and Services

Signature \_\_\_\_\_

## General Information

### Reasons for joining

(Please check any that apply)

- Advocacy
- Benefits/Discounts
- Continuing Professional Education (CPE)
- Current Information
- Employer Encouraged It
- Image and Public Relations
- Leadership Opportunities
- Networking Opportunities
- Prestige
- Support the Profession

### Ethnic origin (optional):

- African American or Black
- American Indian or Alaskan Native
- Asian

Other \_\_\_\_\_

## How did you hear about us?

- CPE
- E-mail
- Employer
- Firm Administrator
- Letter
- Website
- Word of Mouth (list person's name) \_\_\_\_\_

- Caucasian
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- Other \_\_\_\_\_