

**VSCPA Roanoke Area Chapter
Membership Application
2017 - 2018 Fiscal Year**

Member Information

Name: _____
Firm/Company: _____
Address: _____
City/State/ZIP: _____
Phone: _____
Email: _____

Membership Number

VSCPA: _____
AICPA: _____

Employment Field

Public Accounting
 Business or Industry
 Government
Other (specify): _____

Membership Type

<input type="checkbox"/> Member (licensed)	\$40.00
<input type="checkbox"/> Associate Member (not licensed)	\$20.00
<input type="checkbox"/> Retired	No dues
<input type="checkbox"/> Student Member	No dues

Billing Preference

Please bill me directly
 Please bill my firm directly
 Check enclosed

Applicant Signature _____ Date _____

Return form with payment to:

Roanoke Area Chapter VSCPA
P.O. Box 293
Roanoke, VA 24002
or
Attn: Justin Mummey
319 McClanahan Street, SW
Roanoke, VA 24014