



HIGH SCHOOL STUDENT MEMBERSHIP APPLICATION

First Name _____ Last Name _____

Preferred Mailing Address _____ Apt., Flr. or P.O. Box _____ City _____

State _____ Zip Code _____ Home Telephone _____ Mobile Phone _____

Personal Email _____

_____ Sex: Male Female Non-binary (For demographic purposes only)

Date of Birth _____

School Name _____ Grade Level _____ Expected Graduation Year _____

Race/Ethnicity (This is optional, and for demographic purposes only.) Please select from the following:

Asian (Not Hispanic or Latino) Black or African American (Not Hispanic or Latino)

Hispanic or Latino Native American or Alaska Native Native Hawaiian or Pacific Islander

White (Not Hispanic or Latino) Two or More Races (Not Hispanic or Latino) Prefer Not to Disclose

Parent or Legal Guardian Contact Information

First Name _____ Last Name _____

Email _____ Primary Phone Number _____

Relationship to the Applicant _____

MEMBERSHIP REFERRAL

Did someone refer you for NYSSCPA membership? Yes No

If you were encouraged to apply by a guidance counselor or someone else at school, an NYSSCPA member, or another, please provide their information:

Referring Individual's Name _____

NYSSCPA Member ID (if applicable) _____

Employer (Firm, School, etc.) _____

Email (if known) _____

Parent/Legal Guardian Consent

I, the parent or legal guardian of the applicant, hereby consent to my child applying to be a student member of The New York State Society of Certified Public Accountants (the "Society"). If my child's application is accepted, I agree that my child will abide by the Bylaws, rules, and other requirements made of Members of the Society. I agree that upon admission to the Society, my child's name may be printed in *The Trusted Professional* or its successor publication.

Signature _____

Date _____

By checking this box, I agree that, if admitted as a member, I will abide by the Bylaws and will observe the Rules of Professional Conduct of the New York State Society of Certified Public Accountants.

Signature _____

Date _____

To submit your application as a PDF, please email to applications@nysscpa.org or mail to: NYSSCPA Student Recruitment, 14 Wall Street, 19th Floor, NY, NY 10005. For quicker processing, complete your application online at nysscpa.org/membership.

If you have any questions, contact membership@nysscpa.org.