



New York State Society of CPAs Membership Application

Apply online:
nysscpa.org/joinus

PERSONAL INFORMATION

(Please print clearly.)

First Name/Middle Initial _____

Last Name _____

Date of Birth: _____

Gender: Male Female Non-Binary

Home Address: _____

City/State/Zip: _____

Personal email: _____

Home telephone: _____

Mobile (optional): _____

EMPLOYMENT INFORMATION

Business Name: _____

Job Title: _____

Business Address: _____

Business Address: _____

City/State/Zip: _____

Work email: _____

Work phone number: _____

Work fax number: _____

Preferred email address? Work Home

Preferred mailing address? Work Home

EDUCATION

College attended: _____

Graduation Month/Year: _____

Major/Degree: _____

CPA LICENSURE

Are you a CPA? Yes No

If no, skip to Associate section.

Are you a CPA licensed in New York? Yes No

If yes, license number _____

Dated _____

If no, in which state or territory of the U.S. are you certified?

Out-of-state Certificate Number _____

Out-of-state Certificate Dated _____

If applying for International membership, name of Institute of
Accountancy _____

Date Licensed _____

Certificate Number _____

Has your authority to practice any profession ever been
suspended, revoked, or limited, or have proceedings for such
purpose ever been initiated against you? Yes No

(If yes, email an explanation to membership@nysscpa.org.)

ASSOCIATE (NON-CPA) SPONSORSHIP

All associate (non-CPA) applicants must be sponsored by a current
CPA member in good standing. Students may substitute an
accounting professor.

Sponsor's Name _____

Sponsor's e-mail _____

Sponsor's Phone _____

I am applying for associate membership and need the Society's
assistance in finding a sponsor.

Check one box to describe your member category:

- | | |
|---|---|
| <input type="checkbox"/> Sole Practitioner | <input type="checkbox"/> Education |
| <input type="checkbox"/> CPA Firm Partner | <input type="checkbox"/> Government |
| <input type="checkbox"/> Professional Corporation Principal | <input type="checkbox"/> International |
| <input type="checkbox"/> CPA Firm Employee | <input type="checkbox"/> CPA Candidate |
| <input type="checkbox"/> Business & Industry | <input type="checkbox"/> Student |
| | <input type="checkbox"/> Non-CPA Professional |

NEW MEMBERS: First year dues are pro-rated based on the fiscal quarter
of application as follows:

- | | |
|---|--|
| 1 st Quarter: 6/01-8/31, annual dues | 2 nd Quarter: 9/01-11/30, 25% off |
| 3 rd Quarter: 12/01-2/28, 50% off | 4 th Quarter: 3/01-5/31, free with
payment of dues for the coming year |

Student dues are not prorated.

MEMBER TYPE (check one)

Annual Dues

- | | |
|---|-------|
| <input type="checkbox"/> Owner (firm or industry partner/
principal/shareholder | \$575 |
| <input type="checkbox"/> Sole Practitioner | \$575 |
| <input type="checkbox"/> Employee, 11 years or more | \$530 |
| <input type="checkbox"/> Employee, 4 th – 10 th year | \$450 |
| <input type="checkbox"/> Employee, 1 st – 3 rd year | \$325 |
| <input type="checkbox"/> Associate Industry/Non-CPA Firm Employee* | \$575 |
| <input type="checkbox"/> Retiree (65 years of age and works no
more than 1,000 hours per year) | \$135 |
| <input type="checkbox"/> Out of State (all categories) | \$410 |
| <input type="checkbox"/> Associate International..... | \$410 |
| <input type="checkbox"/> Associate CPA Candidate..... | \$115 |
| <input type="checkbox"/> Associate Student | \$0 |

*non-CPA professional working in academia, government, industry, non-profit,
financial, legal or banking services

ADDITIONAL INFORMATION

Are you a member of the AICPA? Yes No

If yes, AICPA member number _____

MEMBER REFERRAL

If you were encouraged to apply by a member or industry professional,
please provide that person's name, employer, email address and
member ID or license number, if known, so that he or she can get credit
for the referral:

MEMBERSHIP PLEDGE

By checking this box, I agree that, if admitted to membership in the
Society, I will abide by the Bylaws and will observe the Code of
Professional Conduct of the New York State Society of Certified Public
Accountants. Before checking this box, applicant should read the Code of
Professional Conduct, available by visiting nysscpa.org/bylaws.

Opt In or Opt Out of email communications. Read more
at nysscpa.org/privacypolicy.

Thank you for applying to the NYSSCPA. An email will be sent once the
application has been processed. Please note that membership applicant
accounts will remain pending until payment is received.

[] Payment by check, payable to NYSSCPA

[] Credit Card # (AMEX/MC/V/D) _____

Cardholder name _____

Expiration Date _____ Amount: _____ CVS# _____

Signature: _____