



NYSSCPA STUDENT MEMBERSHIP APPLICATION

First Name _____		Last Name _____	
Preferred Mailing Address _____		City _____	State _____ Zip _____
Secondary or Home Address _____		City _____	State _____ Zip _____
Home Telephone _____		Mobile _____	
School Email _____			
Personal Email _____			
Where would you like your mail sent ? School Home			
Date of Birth _____		Sex: Male Female Non-binary (For demographic purposes only)	
College/University _____		Major/Degree _____	
Graduation Month/Year _____			
Race/Ethnicity (This is optional, and for demographic purposes only.) Please select from the following:			
<input type="checkbox"/> Asian (Not Hispanic or Latino) <input type="checkbox"/> Black or African American (Not Hispanic or Latino)			
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander			
<input type="checkbox"/> White (Not Hispanic or Latino) <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) <input type="checkbox"/> Prefer Not to Disclose			

Please enter your promo code _____

MEMBERSHIP REFERRAL

Were you referred by a current NYSSCPA member? Yes No

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:

Referring Member Name _____

Referring Member ID (if known) _____

Member Employer _____

Member Email _____

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