

Application for Membership



Nevada Society of Certified Public Accountants

750 Sandhill Road, Suite 120 Reno, Nevada (775) 826-6800 (800) 554-8254

Type of membership for which you are applying: Fellow Associate

Name: _____ Birth Date: _____

Nevada Certificate Number: _____ Date Issued: _____

Firm/Organization: _____

Address: _____

City: _____ Firm Telephone: _____

State: _____ Zip Code: _____ Direct Telephone: _____

E-mail: _____ Fax Number: _____

Home Address:

Street/P.O. Box: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Spouse: _____

Please indicate address to be used for Society mail: Business Home

CPA certificates of other states or comparable certificates of other countries:

Number: _____ State: _____ Date Issued: _____

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Applicant's Statement: To the best of my knowledge and belief, the information contained herein is true and correct. I agree to be governed by the Society's bylaws and to surrender my certificate of membership immediately in the event such membership ceases for any reason except death.

First years dues will be prorated from date of acceptance and billed with confirmation of membership.

Signature: _____

SOCIETY OFFICE USE ONLY:

Information verified by: _____

Date: _____ Approved by: _____ Date: _____