

Application for Student Membership



Nevada Society of Certified Public Accountants

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

The undersigned hereby applies for **Student** membership in the **Nevada Society of Certified Public Accountants** (regular dues of \$25/year will be billed on a pro-rated basis after acceptance).

Name: _____ Birth Date: _____

University/College: _____ Degree: _____

Anticipated Graduation Date: _____ Junior/Senior (Circle One)

Spouse's Name: _____ E-mail: _____

Applicant's Address: _____

City: _____ Telephone: _____

State: _____ Zip Code: _____ Fax Number: _____

Permanent Address:

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

City: _____ State: _____ Zip Code: _____

Work Address:

Company: _____ Telephone: _____

Street: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

Please indicate preferred address to be used for Society Mail:

University Permanent Work

Signature of Applicant

Certificate of Enrollment

(This section must be completed and signed by a university/college representative who knows you and has access to the appropriate academic records.)

The undersigned certifies that the applicant is currently enrolled at _____

_____, has obtained Junior status, and has completed 12 credits in accounting.

Signature: _____ Title: _____ Date: _____

SOCIETY OFFICE USE ONLY:

Information verified by: _____

Date: _____ Approved by: _____ Date: _____