

Application for Membership

PERSONAL INFORMATION

Please print legibly or type your name as it should appear on you NVCPA membership certificate

First Middle Last Suffix(Jr., Sr. etc.) Nickname

Home Street Address

City State Zip Code

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 Home Phone Cell Phone Home Email Address

Gender: Male Female Date of Birth: Other Credentials (MBA, PhD, etc.):

PROFESSIONAL INFORMATION

Business/Firm Name Job Title

Business Street Address Personalized Mail Stop, Box Number, etc.

City State Zip Code

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 Phone (Main Line) Direct Line Fax

Business Email Address Website Address

PREFERRED MAILING ADDRESS: HOME BUSINESS PREFERRED EMAIL ADDRESS: HOME BUSINESS

Business Type (Please Choose One):

Public Accounting

- CPA Firm - Sole Proprietorship (one CPA on Staff)
- CPA Firm - Sole Proprietorship (two or more CPAs on Staff)
- CPA Firm - Local Firm (multiple owners)
- CPA Firm - Regional
- CPA Firm - National/International

Government

- Government - City
- Government - County
- Government - Federal
- Government - State
- Government - Tribal
- Government - Educational Institution
- Government - Public Utilities

Industry

- Agribusiness
- Aviation
- Banking
- Business Valuation/Litigation
- Construction
- Education/Educational Institution
- Financial Service/Investments
- General Services
- Health Services/Health Care
- Hospitality/Restaurant
- Insurance
- Law/Legal Practice
- Manufacturing
- Media Public Relations
- Mining
- Natural Resources
- Non-Profit
- Professional Services
- Public Utilities
- Real Estate
- Retail Sale/Services
- Search Firm/Recruiters
- Sustainability/Recycling
- Technology
- Telecommunications
- Transportation
- Wholesale/Distribution

NVCPA MEMBERSHIP CLASSIFICATION

Classification:

- | | |
|---|---|
| <input type="checkbox"/> CPA in NV | <input type="checkbox"/> Faculty (full-time) |
| <input type="checkbox"/> CPA in and out of state | <input type="checkbox"/> Student (full-time accounting major) |
| <input type="checkbox"/> CPA out of state (only) | <input type="checkbox"/> Leave of Absence |
| <input type="checkbox"/> Candidate (passed exam, not certified) | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Associate (prospective CPA) | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Associate (non-CPA) | |

Reasons for joining the NVCPA (Choose all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Current Information/Resources | <input type="checkbox"/> Networking Opportunities |
| <input type="checkbox"/> Continuing Professional Education | <input type="checkbox"/> Sense of Community |
| <input type="checkbox"/> Employer Encouraged It | <input type="checkbox"/> Referred by: |
| <input type="checkbox"/> Job Opportunities | <input type="checkbox"/> Other |
| <input type="checkbox"/> Leadership Opportunities | |
| <input type="checkbox"/> Legislative Advocacy | |

If you are a student please complete the following:

Have you passed all four parts of the CPA examination?

- Yes Not yet No plans on taking the exam

Nevada State Certificate #: _____ Issue Date: _____

Other State Certificate #: _____ Issue State: _____ Issue Date: _____

If you are a student please complete the following:

University/College: _____ Degree: _____

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

MEMBERSHIP DUES

Category	Dues
Partner/Shareholder/Sole Practitioner	\$295
Licensed 4+ years	\$245
Licensed 2-3 years	\$175
First Year of Licensure	\$0
Associate	\$125
Inactive/Retired	\$95
Student	\$25
Affiliate	\$295

Please note: We reserve the right to charge the full-year membership dues to members of the Nevada Society of CPAs who cancel their membership and reinstate in the same fiscal year. The membership year runs from August 1 of the current year through July 31 of the following year. If you have any questions regarding this application, please contact Lorrie Adams, ladams@nevadacpa.org or (775) 826-6800.

Application processing fee \$25 applies to all applications, except Students.

APPLICANT AGREEMENT

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.

Applicant Signature: _____ Date: _____

STUDENT APPLICANT AGREEMENT

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).

Applicant Signature: _____ Date: _____

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: _____