



The Georgia Society of Certified Public Accountants

GSCPA STUDENT MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Mr./Ms. _____
First Middle Initial Last

Date of Birth _____ Male Female

College or University _____

Faculty Advisor Name _____ Anticipated Date of Graduation _____

Referred By _____

CURRENT CONTACT INFORMATION

Address _____

City _____ State _____ Zip _____

Cell Phone Number _____ Personal Email _____

Other Phone Number _____ School Email _____

May we contact you via text message? Yes No

PERMANENT CONTACT INFORMATION Check if same as above)

Address _____

City _____ State _____ Zip _____

Phone Number _____

PAYMENT INFORMATION

Enclose your check for \$25 payable to The Georgia Society of CPAs.

RETURN TO: The Georgia Society of CPAs, Six Concourse Parkway, Suite 800, Atlanta, GA 30328

Pay by credit card: Visa MasterCard AmEx Discover

Card# _____ Exp. Date _____

Signature _____



Take the next logical step and join GSCPA!

If you have additional questions about The Georgia Society of CPAs student membership, please contact the Member Services Department at 800-330-8889 or memberservices@gscpa.org

join.gscpa.org