

The Georgia Society of CPAs Membership Application

2018-2019 Membership Categories

Fellow

A CPA or chartered accountant who holds a certificate from the State of Georgia or another state or country that has licensing standards equal to those of the Georgia State Board of Accountancy.

\$275

Educator/Fellow

A CPA who is a full-time educator at an accredited institution.

\$165

Associate

Person (other than a CPA) employed on the professional and/or administrative staff of a practicing CPA of Georgia; Person having passed the CPA exam or currently sitting for the CPA exam but has not received a CPA certificate; Full-time, non-CPA educators at an accredited college or university in Georgia who are members in good standing of the Georgia Association of Accounting Educators.

\$165

Personal Information

First Name:	
Middle Name:	
Last Name/Suffix:	
Preferred Name/Nick Name:	
Home Mailing Address:	
Email Address:	
Alternative Email Address:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date:	
Credentials:	
Home Phone:	
Cell Phone:	

For Your Consideration

91% of membership dues may be deducted as a business expense, but not as a charitable contribution. 9% of the membership dues is estimated for lobbying and therefore not deductible in accordance with IRC Sec. 6033.

Declaration: By submitting this application with payment, the applicant is verifying that the facts stated are correct and in compliance with The Georgia Society of CPAs membership requirements stated in the bylaws.

Professional Information

Company Name:	
Business Mailing Address:	
Job Title:	
Direct Office Phone:	

Please process my application as:

- | | |
|--|--|
| <input type="checkbox"/> Fellow | Have you ever been a member of GSCPA? |
| <input type="checkbox"/> Educator/Fellow | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Associate | |

Membership Information

Are you an AICPA member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
AICPA Member Number:	_____
Are you under investigation or sanction by the Georgia State Board of Accountancy or the AICPA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach a statement of explanation to this application.	

Please select the best description of the field of accounting you work in:

- | | |
|---|--|
| <input type="checkbox"/> Business and Industry | <input type="checkbox"/> Education |
| <input type="checkbox"/> Governmental Accounting | <input type="checkbox"/> Public Accounting |
| <input type="checkbox"/> Sole Owner of a CPA Firm | <input type="checkbox"/> Other _____ |

Are you a certified public accountant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, license status?	Date Certified _____
<input type="checkbox"/> Active (Practicing Permit)	Georgia license number, or name of state in which licensed:
<input type="checkbox"/> Lapsed	_____
<input type="checkbox"/> Retired	_____

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Chapter Membership

Members have the option to join a chapter or be a member-at-large.

<input type="checkbox"/> Albany	\$0
<input type="checkbox"/> Atlanta	\$20
<input type="checkbox"/> Augusta	\$25
<input type="checkbox"/> Coastal Georgia	\$30
<input type="checkbox"/> Columbus	\$25
<input type="checkbox"/> DeKalb	\$15
<input type="checkbox"/> Gwinnett	\$25
<input type="checkbox"/> Heart of Georgia	\$25
<input type="checkbox"/> Middle Georgia	\$25
<input type="checkbox"/> North Atlanta	\$25
<input type="checkbox"/> North Perimeter	\$20
<input type="checkbox"/> Northeast Georgia	\$35
<input type="checkbox"/> Savannah	\$25
<input type="checkbox"/> Southeast Georgia	\$25
<input type="checkbox"/> Southwest Georgia	\$0
<input type="checkbox"/> Valdosta	\$20
<input type="checkbox"/> West Georgia	\$15
<input type="checkbox"/> Member-at-Large	\$0

GSCPA Dues

Membership Dues

Chapter Dues

Subtotal for GSCPA Dues

Optional Contributions

The Educational Foundation* \$25

The Georgia Society of CPAs PAC \$25

Subtotal for Optional Contributions

Contributions to The Educational Foundation and the GSCPA-PAC are voluntary.
*Contributions to The Educational Foundation are tax deductible as charitable contributions.

Payment Information

TOTAL AMOUNT DUE

Enclosed check payable to The Georgia Society of CPAs

Discover Visa AMEX MC

Personal Business

Name on CC _____

CC # _____

Exp Date ____ / ____ Amount _____

Signature _____

Interest Communities

Members have the option to join a community or communities that fit their interests.

<input type="checkbox"/> Accounting & Auditing	
<input type="checkbox"/> Business & Industry	FREE
<input type="checkbox"/> Estate & Financial Planning	
<input type="checkbox"/> Fraud & Forensic Services	
<input type="checkbox"/> Health Care	FREE
<input type="checkbox"/> Information Technology	
<input type="checkbox"/> Management of an Accounting Practice	
<input type="checkbox"/> Real Estate	
<input type="checkbox"/> Taxation	FREE
<input type="checkbox"/> Young CPAs	

Payment Methods

MAIL OPTION:

Return the renewal statement in the enclosed envelope along with payment by **June 30, 2018** to ensure continuation of your membership. Mail to:

**The Georgia Society of CPAs
Six Concourse Parkway, Suite 800
Atlanta, GA 30328**

ONLINE OPTION:

Join online at join.gscpa.org.

If you have questions about GSCPA membership, please call the Member Services Department at **800-330-8889, extension 2986**.

How Did You Hear About GSCPA?

GSCPA Mailing/Email GSCPA Event AICPA/State Society Colleague/Peer Firm/Company Other _____

Communication Preferences

Please choose your mail preferences:

Your email address is used only for GSCPA-sponsored programs and activities and is never provided for third-party use.

Mailing Preference: Home Business

Check to opt out of receiving GSCPA CPE email

Check to opt out of receiving GSCPA non-CPE email

Check to opt out of receiving all GSCPA email