

GSCPA Student Membership Application

Mr./Ms. _____
First Name Middle Initial Last Name

Date of Birth _____ Male Female

College or University _____

CURRENT CONTACT INFORMATION

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

PERMANENT CONTACT INFORMATION

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Faculty Advisor Name _____

Anticipated Date of Graduation _____

Enclose your check for \$25 payable to the Georgia Society of CPAs, and a photocopy of your school identification.

Return to:

The Georgia Society of CPAs
3353 Peachtree Road, Suite 400
Atlanta, GA 30326-1414
404-231-8676 Toll free 800-330-8889
fax 404-237-1291 • www.gscpa.org

OR

Pay by credit card:

Visa MasterCard AmEx Discover

Card# _____

Exp. Date _____

Signature _____

If you have additional questions about the Georgia Society of CPAs student membership, please contact Nikelle Hamada at 404-504-2956 or nhamada@gscpa.org.

Take advantage of the **extreme** opportunities offered by the Georgia Society of CPAs.

