



GSCPA Student Membership Application

APPLICANT INFORMATION

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

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 _____

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

Return to:
The Georgia Society of CPAs
3353 Peachtree Road, Suite 400
Atlanta, GA 30326-1414

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 Klareich at 404-504-2956 or nklareich@gscpa.org.

join.gscpa.org

