

# The Georgia Society of CPAs Membership Application

## 2019-2020 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.

\$285

### Educator/Fellow

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

\$175

### 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.

\$175

## 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 |
| <b>If yes, please attach a statement of explanation to this application.</b>                    |  |

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                    | _____   |

# The Georgia Society of CPAs Membership Application

## Chapter Membership

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

|  |      |
|--|------|
| <input type="checkbox"/> Albany            | \$25 |
| <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          | \$25 |
| <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                  | <b>FREE</b> |
| <input type="checkbox"/> Estate & Financial Planning          |             |
| <input type="checkbox"/> Fraud & Forensic Services            |             |
| <input type="checkbox"/> Health Care                          | <b>FREE</b> |
| <input type="checkbox"/> Information Technology               |             |
| <input type="checkbox"/> Management of an Accounting Practice |             |
| <input type="checkbox"/> Real Estate                          |             |
| <input type="checkbox"/> Taxation                             | <b>FREE</b> |
| <input type="checkbox"/> Young CPAs                           |             |

## Payment Methods

### MAIL OPTION:

Return the renewal statement in the enclosed envelope along with payment by **June 30, 2019** 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](http://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