



2023-2024 GSCPA 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.

\$325

EDUCATOR/FELLOW

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

\$205

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.

\$205

LIFE

A fellow member who meets all the following requirements: age 65 or above, paid membership dues for at least 20 years and substantially retired from active practice or employment.

Complimentary
(please call)

PERSONAL INFORMATION

First Name:

Middle Name:

Last Name/Suffix:

Preferred Name/Nick Name:

Home Mailing Address:

Email Address:

Alternative Email Address:

Birth Date:

Gender:

Male Female

Credentials:

Home Phone:

Cell Phone:

PROFESSIONAL INFORMATION

Company Name:

Business Mailing Address:

Job Title:

Direct Office Phone:

PLEASE PROCESS MY APPLICATION AS:

Fellow Educator/Fellow Associate

Have you ever been a member of GSCPA? Yes No

Are you an AICPA member? Yes No

AICPA Member Number: _____

Are you under investigation or sanction by the Georgia State Board of Accountancy or the AICPA? Yes 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:

- Business and Industry Education
 Governmental Accounting Public Accounting
 Sole Owner of a CPA Firm Other _____

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.

ARE YOU A CERTIFIED PUBLIC ACCOUNTANT? Yes No

IF YES, LICENSE STATUS?

- Active (Practicing Permit)
 Lapsed
 Retired

DATE CERTIFIED _____

Georgia license number, or name of state in which licensed:



GSCPA MEMBERSHIP APPLICATION

CHAPTER MEMBERSHIP

<input type="checkbox"/> Albany	\$25
<input type="checkbox"/> Atlanta	\$25
<input type="checkbox"/> Augusta	\$25
<input type="checkbox"/> Coastal Georgia	\$30
<input type="checkbox"/> Columbus	\$25
<input type="checkbox"/> DeKalb	\$25
<input type="checkbox"/> Gwinnett	\$25
<input type="checkbox"/> Heart of Georgia	\$30
<input type="checkbox"/> Middle Georgia	\$25
<input type="checkbox"/> North Atlanta	\$30
<input type="checkbox"/> Northeast Georgia	\$40
<input type="checkbox"/> Savannah	\$25
<input type="checkbox"/> Southwest Georgia	\$0
<input type="checkbox"/> Valdosta	\$25
<input type="checkbox"/> Member-at-Large	\$0

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	FREE
<input type="checkbox"/> Taxation	
<input type="checkbox"/> Young CPAs	

HOW DID YOU HEAR ABOUT GSCPA?

<input type="checkbox"/> GSCPA Mailing/Email	<input type="checkbox"/> Colleague/Peer
<input type="checkbox"/> GSCPA Event	<input type="checkbox"/> Firm/Company
<input type="checkbox"/> AICPA State Society	<input type="checkbox"/> 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

GSCPA DUES

GSCPA Membership Dues

Chapter Membership Dues

Subtotal for Membership Dues

OPTIONAL CONTRIBUTIONS

The Educational Foundation*

The Georgia Society of CPAs PAC

Subtotal for Optional Contributions

Contributions to The Educational Foundation and the GSCPA-PAC are voluntary.

**Donations to The Educational Foundation are tax deductible as charitable contributions.*

The Educational Foundation of The Georgia Society of CPAs is designated as a 501(c)(3) agency by the IRS (Taxpayer ID #58-6043271).

PAYMENT INFORMATION

TOTAL AMOUNT DUE

Enclosed check payable to The Georgia Society of CPAs

Discover Visa AMEX MC Personal Business

Name on card _____

Credit Card Number _____

Exp. Date ____ / ____ Total Amount _____

Signature _____

PAYMENT METHODS

MAIL: Return application with payment to

The Georgia Society of CPAs
6 Concourse Pkwy, Suite 800, Atlanta, GA 30328

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