



# The Georgia Society of CPAs

## GSCPA STUDENT MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Mr./Ms. \_\_\_\_\_  
First Middle Initial Last

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 \_\_\_\_\_

### PAYMENT INFORMATION

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

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

Pay by credit card:  Visa  MasterCard  AmEx  Discover

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

## Join GSCPA today!

If you have additional questions about The Georgia Society of CPAs student membership, please contact Colleen McGlade at 404-504-2944 or [cmcglade@gscpa.org](mailto:cmcglade@gscpa.org).

[join.gscpa.org](http://join.gscpa.org)