



# HIGH SCHOOL STUDENT MEMBERSHIP APPLICATION

\_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_ Apt., Flr. or P.O. Box \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Telephone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

\_\_\_\_\_

Personal Email \_\_\_\_\_

\_\_\_\_\_ Sex:  Male  Female  Non-binary (For demographic purposes only)

Date of Birth \_\_\_\_\_

\_\_\_\_\_

School Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Expected Graduation Year \_\_\_\_\_

Race/Ethnicity (This is optional, and for demographic purposes only.) Please select from the following:  
 Asian (Not Hispanic or Latino)  Black or African American (Not Hispanic or Latino)  
 Hispanic or Latino  Native American or Alaska Native  Native Hawaiian or Pacific Islander  
 White (Not Hispanic or Latino)  Two or More Races (Not Hispanic or Latino)  Prefer Not to Disclose

**Parent or Legal Guardian Contact Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

Relationship to the Applicant \_\_\_\_\_

**MEMBERSHIP REFERRAL**

**Did someone refer you for NYSSCPA membership?** Yes  No

If you were encouraged to apply by a guidance counselor or someone else at school, an NYSSCPA member, or another, please provide their information:

Referring Individual's Name \_\_\_\_\_

NYSSCPA Member ID (if applicable) \_\_\_\_\_

Employer (Firm, School, etc.) \_\_\_\_\_

Email (if known) \_\_\_\_\_

**Parent/Legal Guardian Consent**

I, the parent or legal guardian of the applicant, hereby consent to my child applying to be a student member of The New York State Society of Certified Public Accountants (the "Society"). If my child's application is accepted, I agree that my child will abide by the Bylaws, rules, and other requirements made of Members of the Society.

Signature \_\_\_\_\_

Date \_\_\_\_\_

By checking this box, I agree that, if admitted as a member, I will abide by the Bylaws and will observe the Rules of Professional Conduct of the New York State Society of Certified Public Accountants.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

To submit your application as a PDF, please email to [applications@nysscpa.org](mailto:applications@nysscpa.org) or mail to: NYSSCPA, Lockbox 10489, P.O. Box 70280, Philadelphia, PA 19176-0280. For quicker processing, complete your application online at [nysscpa.org/membership](https://nysscpa.org/membership).