



# New York State Society of CPAs Membership Application

Students, please apply using the student membership application.

## PERSONAL INFORMATION (Please print clearly.)

First Name/Middle Initial: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender:  Male  Female  Non-Binary  
Home Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Personal email: \_\_\_\_\_  
Home telephone: \_\_\_\_\_  
Mobile (optional): \_\_\_\_\_

## EMPLOYMENT INFORMATION

Business Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Address 2: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Work email: \_\_\_\_\_  
Work phone number: \_\_\_\_\_  
Work fax number: \_\_\_\_\_  
Preferred email address?  Work  Home  
Preferred mailing address?  Work  Home

## EDUCATION

College Attended: \_\_\_\_\_  
Graduation Month/Year: \_\_\_\_\_  
Degree/Major: \_\_\_\_\_

## CPA LICENSURE

Are you a CPA?  Yes  No  
If no, skip to Associate section.  
Are you a CPA licensed in New York?  Yes  No  
If yes, license number \_\_\_\_\_  
Dated \_\_\_\_\_  
If no, in which state or territory of the U.S. are you certified? \_\_\_\_\_

Out-of-state Certificate Number \_\_\_\_\_  
Out-of-state Certificate Dated \_\_\_\_\_  
If applying for International membership, name of Institute of Accountancy \_\_\_\_\_  
Date Licensed \_\_\_\_\_  
Certificate Number \_\_\_\_\_

Has your authority to practice any profession ever been suspended, revoked, or limited, or have proceedings for such purpose ever been initiated against you?  Yes  No  
(If yes, email an explanation to [membership@nysscpa.org](mailto:membership@nysscpa.org).)

## ASSOCIATE (NON-CPA) SPONSORSHIP

All associate (non-CPA) applicants must be sponsored by a current CPA member in good standing.

Sponsor's Name \_\_\_\_\_  
Sponsor's email \_\_\_\_\_  
Sponsor's Phone \_\_\_\_\_

\_\_\_\_ I am applying for associate membership and need the Society's assistance in finding a sponsor

## Check one box to describe your member category:

- Sole Practitioner
- CPA Firm Partner
- Professional Corporation Principal
- CPA Firm Employee
- Business & Industry
- Education
- Government
- International
- CPA Candidate
- Non-CPA Professional

## NEW MEMBERS

The fiscal year runs June 1 to May 31. First year dues are pro-rated based on the fiscal quarter of application as follows:

- 1st Quarter: full annual dues
- 2nd Quarter: 9/01-11/30, 25% off
- 3rd Quarter: 12/01-2/28, 50% off
- 4th Quarter: 3/01-5/31, free with payment of dues for the coming year

## MEMBER TYPE (check one)

	Annual Dues
<input type="checkbox"/> CPA Owner, Partner, or Associate Principal (equity position)	\$587
<input type="checkbox"/> Sole Practitioner	\$587
<input type="checkbox"/> CPA or Associate, 11 years or more	\$541
<input type="checkbox"/> CPA or Associate, 4th – 10th year	\$459
<input type="checkbox"/> CPA or Associate, 1st – 3rd year	\$332
<input type="checkbox"/> Associate Industry/Non-CPA Firm Employee*	\$587
<input type="checkbox"/> Retiree (65 years of age and works no more than 1,000 hours per year)	\$138
<input type="checkbox"/> Out of State (all categories)	\$418
<input type="checkbox"/> Associate International	\$418
<input type="checkbox"/> Associate CPA Candidate	\$117

\*non-CPA professional working in academia, government, industry, non-profit, financial, legal or banking services

## ADDITIONAL INFORMATION

Are you a member of the AICPA?  Yes  No  
If yes, AICPA member number \_\_\_\_\_

## MEMBER REFERRAL

If you were encouraged to apply by a member or industry professional, please provide that person's name, employer, email address and member ID or license number, if known, so that he or she can get credit for the referral:  
\_\_\_\_\_  
\_\_\_\_\_

## MEMBERSHIP PLEDGE

\_\_ By checking this box, I agree that, if admitted to membership in the Society, I will abide by the Bylaws and will observe the Code of Professional Conduct of the New York State Society of Certified Public Accountants. Before checking this box, applicant should read the Code of Professional Conduct, available by visiting [nysscpa.org/bylaws](http://nysscpa.org/bylaws). I understand that upon admission to the Society my name will be printed in The Trusted Professional or its successor publication.

\_\_ Opt In or \_\_ Opt Out of email communications. Read more at [nysscpa.org/privacypolicy](http://nysscpa.org/privacypolicy).

Thank you for applying to the NYSSCPA. **Please send application and dues payment to NYSSCPA, Lockbox 10489, P.O. Box 70280, Philadelphia, PA 19176-0280. Or email to: [applications@nysscpa.org](mailto:applications@nysscpa.org).** An email will be sent once the application has been processed. Please note that membership applicant accounts will remain pending until payment is received.

Payment by check, payable to NYSSCPA \$ \_\_\_\_\_  
Credit Card # (AMEX/MC/V/D) \_\_\_\_\_  
Cardholder name \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Amount: \$ \_\_\_\_\_ CVC# \_\_\_\_\_  
Signature: \_\_\_\_\_