

NCSA
MEMBERSHIP APPLICATION



NCSA – MEMBERSHIP COMMITTEE
P. O. Box 1126
Conover, North Carolina 28613
(866) 755-NCSA (6272)
Fax (828) 695-2522

Enroll me today as a member of the North Carolina Society of Accountants !

Name _____

Address _____

City _____ State _____ Zip _____ E-mail Address _____

Office Phone _____ Fax _____ Home Phone _____

Name of your Company _____ Your Title _____ # of Employees _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS—INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

The answers to these questions will help the Membership Approval Committee choose the correct type of membership you qualify for.

1. Are you currently enrolled in an undergraduate college level accounting program? Yes ___ No ___ If yes, skip to Character References
2. Check which of the following categories best describes your current profession:
Educator ___ Accountant with a governmental service ___ Accountant for a private organization ___ Officer or Employee accountant for a bank or financial institution ___ None of the above ___
If your answer to question two (2) was None of the Above, please continue to question number three (3), if not; skip to Character References
3. How many months of public accounting experience do you have? Number of months in practice _____
4. Have you ever been an employee of the Internal Revenue Service or the North Carolina Department of Revenue? Yes ___ No ___ # of years _____
5. Are you a citizen or legal resident of the United States? Yes ___ No ___
6. Do you possess or are you covered under a valid permit/license as an Accountant, Certified Public Accountant, or such other titles that may be granted under state law for the practice of accountancy for the public? Yes ___ No ___
7. The Accreditation Council for Accountancy and Taxation offers three credentials we recognize for Full membership in the NCSA. Have you earned any of these credentials? Yes ___ No ___ If so, please check which credentials you have obtained ABA ___ ATA ___ ATP ___
8. Are you enrolled to practice before the Internal Revenue Service? Yes ___ No ___
9. Do you possess either an associate degree or a baccalaureate degree with a minimum of 24 semester hours in accounting? Yes ___ No ___
If yes, circle the highest degree earned.
10. Have you ever been employed as an accountant under the direct supervision of a Full member of NCSA or by a CPA? Yes ___ No ___
of months employed _____

Please List member's/CPA's name and phone number _____

Character References: (Three (3) references are required. Please include their name, address, city, state, zip, and phone number)

Continuing Education: To maintain membership in the Society, all Full Members who are engaged in the practice of accountancy shall be required to have thirty hours of continuing education every two years in courses which qualify under rules established by the Board of Directors of the Society.

Local Chapter Information:

Each of the chapters listed below have their own separate dues, but do not require that you join their chapter to meet with them on a monthly basis. The average local dues is \$ 25.00 annually. Please check which chapter you would most likely attend, information from that chapter will be mailed to you shortly after your membership has been approved.

Burlington ___ Cape Fear ___ Central ___ Charlotte ___ Hickory ___

Piedmont ___ Raleigh ___ Sanford ___ Western ___

Other Information:

1. Are you a member of the National Society of Accountants (NSA) ? _____
2. Please list other professional organizations you are a member of _____

3. Please check yes or no to the following conditions. If you answer yes to any question please attach a detailed explanation.
(A) Have you ever had your Treasury card suspended or revoked ? Yes _____ No _____
(B) Have you ever had your privilege license suspended or revoked ? Yes _____ No _____
(C) Have you ever been convicted of a felony ? Yes _____ No _____
(D) Have ever been denied a bond ? Yes _____ No _____
4. Your form of practice:
Corporation ___ Partnership ___ Solo Practice ___ LLC ___ LLP ___ Other _____
5. Your role in the practice
Principal ___ Partner ___ Sole Practitioner ___ Member ___ Employee ___ Other _____

Dues and Details:

Current annual dues for membership: Full \$ 132.00 , Associate \$ 100.00 , Affiliate \$ 100.00, Student \$ 20.00

All new members of the NCSA receive one free year of membership. The new member will be billed on his/her anniversary date of approval to membership. This first billing will be pro rata for the rest of the fiscal year remaining from your anniversary approval date.

Example: Your membership is approved on September 15, 2009; Your first bill will be for the fiscal year 2010-2011 & will be pro rata for ten (10) months. Your bill will be dated 9-1-2010 and cover the ten (10) months left in the fiscal year 2010-2011.

Affirmation:

I understand that all information given on these pages will be held in strictest confidence. My signature will serve as authority to anyone given as a reference to answer any inquiries that NCSA may care to make in connection with my application for membership. I understand that any time I should cease to be a member, I will return my membership Certificate and Society Emblem, which remain the property of the North Carolina Society of Accountants, Inc.

Applicant Signature _____ Date _____

Sponsorship signature (if applicable) _____ Date _____

Additional information can be obtained on our web site WWW.NCSA INC.ORG

Do not write in this box. For central office use only.

1. Date application received _____
2. Date application forwarded to Approval Committee _____
3. Date approved by Committee _____
4. Date Membership certificate and Society Emblem mailed _____