

Student Membership Application Tennessee Society of Certified Public Accountants 201 Powell Place, Brentwood, TN 37027

Apply for membership online at www.tscpa.com

615/377-3825 • Fax: 615/377-3904 • tscpa@tscpa.com

Personal Information

Name:		
First	Middle	Last
Nickname:	Date of Birth:	
Gender: Male Female Email Address:		
Current Address:		
	te:	
Permanent Mailing Address:		
		Zip:
Phone Numbers (with area code):		
Home Phone: Cell Phone	ə:	
Ethnic Background (Optional):		
□ African-American □ Asian □ Caucasian □ Hispanic □ Native American □ Other:		

School Information

School Attending:

Major: _

_____ Anticipated Graduation Date: ____

Guidelines for Student Membership

- 1. Membership Classification Membership classification shall be Student Member.
- Admission to Membership Applicants for Student Membership shall be applying as members to both TSCPA and the AICPA. A membership application form must be completed, signed by the applicant and submitted to TSCPA.

Membership shall commence on the day of approval by the chapter, subject to payment of dues and verification that the student is majoring in accounting at a recognized college or university.

3. Annual Society Dues - Free (includes dual membership with AICPA)

- 4. Chapter Dues Student members pay no chapter dues.
- Collection of Dues Delinquent dues, reinstatement of membership, proration of dues and transfer of chapter membership shall be the same as set forth by Policies of Council.
- Benefits Access to scholarships, career resources, free networking opportunities and complimentary membership to AICPA including all of their student member benefits.
- 7. Limitations Student members are not granted voting privileges. Student members are not eligible to participate in TSCPA group insurance programs.

NOTE: Student membership is available to individuals who are students at a recognized college or university. Membership shall terminate upon graduation or if the student leaves the college or university for any other reason.

If accepted for membership, I agree to abide by the bylaws of the chapter and the society.

Signature: ____

__ Date: ___

Please return completed application to: 201 Powell Place, Brentwood, TN 37027 Fax: 615/377-3904

Please do not send payment. You will receive an invoice.