

Personal Information

Name: _____
First Middle Last

Nickname: _____ Date of Birth: _____

Gender: Male Female Email Address: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers (with area code):

Home Phone: _____ Cell Phone: _____

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.
2. Admission to Membership - Applicants for Student Membership shall be sponsored by one instructor. 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.
5. 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.
6. 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 majoring in accounting at a recognized college or university. Membership shall terminate upon graduation from the accounting program or if the student leaves the accounting program for any other reason.

SPONSOR: List the name of one instructor who has agreed to sponsor your application.

Sponsorship Information:

Name: _____

Phone: _____

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.***