



MEMBERSHIP APPLICATION

| | | | |
|--|------------|----------------|-----|
| Last Name | First Name | Middle Initial | |
| Mailing Address | City | State | Zip |
| Phone | Fax | Email | |
| Business Address (if different from above) | City | State | Zip |
| Home Address | City | State | Zip |

MEMBERSHIP CATEGORIES

ACTIVE MEMBER: Active Members are required to meet continuing education requirements, completing a minimum of 72 credit hours in each three-year reporting cycle, with a minimum of 16 credit hours in any one-year. Active Members must be in public practice and meet one of the following requirements. Check all applicable statements:

- ☐ I have a valid permit/license granted under state law for the public practice of accountancy and/or taxation:
- | | | |
|--|-------------------|-------|
| <input type="checkbox"/> Public Accountant | License No./State | _____ |
| <input type="checkbox"/> Accounting Practitioner | License No./State | _____ |
| <input type="checkbox"/> Tax Permit/License | License No./State | _____ |
| <input type="checkbox"/> Certified Public Accountant | License No./State | _____ |
- ☐ I am enrolled to practice before the IRS. Enrollment #: _____
- ☐ I am accredited by ACAT: ☐ ABA ☐ ATP ☐ ATA ☐ ARA
- ☐ I passed the Registered Tax Return Preparer exam. RTRP # _____
- ☐ I have an Associate, Baccalaureate or higher degree with at least 24 semester hours in accounting.
- ☐ I have 3+ years' experience in public accounting and/or taxation. Within 5 years of joining, I must meet at least one of the criteria for active membership outlined above.

ASSOCIATE MEMBER: Associate members, not eligible to vote or hold office, do not have a continuing education requirement.

- ☐ I am an owner, partner, or employee of an accounting and/or tax firm & do not meet Active Member requirements.
- ☐ I am employed in government, a financial institution, private sector business or a non-profit entity. My primary responsibilities are accounting and/or taxation.

Active & Associate Member Dues: \$225

Memberships are non-refundable

- ☐ Check in the amount of \$225 made payable to NSA ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Exp. Date _____ Signature _____

Birth Year _____ PTIN # _____ CTEC Member ID _____

I hereby state that the above statements are correct. I further state that I will abide by the Constitution and Bylaws of the Society and will practice in strict conformity with the Code of Ethics and Rules of Professional Conduct adopted by the Society.

(Go to www.nsacct.org or call NSA at 1-800-966-6679 for NSA's Code of Ethics.)

Applicant Signature _____ Date _____

Sponsor Signature _____ Sponsor Member ID# _____

4 EASY WAYS TO JOIN NSA

1 MAIL

NSA
1330 Braddock Place, Suite 540
Alexandria, VA 22314-1650

2 FAX

703-549-2984

3 PHONE

800-966-6679

4 WEB

www.nsacct.org