

**SCACPA Office Use Only**

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**Date:**

\_\_\_\_\_ Member Number

**2018-19 SCACPA MEMBERSHIP APPLICATION**

**Personal Information**

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
Preferred Name

\_\_\_\_\_  
Preferred Email

\_\_\_\_\_  
Birth Date                      Gender:  Male     Female

**License Information**

\_\_\_\_\_  
CPA License #, State                      Date of Issue

\_\_\_\_\_  
Additional License #, State                      Date of Issue

\_\_\_\_\_  
AICPA Member #

\_\_\_\_\_  
Add'l Certifications/Designations (PhD, MBA, CGMA, CITP, CFP, CVA, etc.)

**Home Mailing Address**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Mobile Phone ( I do not want to receive text messages)

\_\_\_\_\_  
Home Phone

**Employment Information**

\_\_\_\_\_  
Firm/Business/Organization Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Position Description/Job Title

**Mail Preference**     Home     Office

**SCACPA Member Type**

<input type="checkbox"/> <b>Fellow</b> <input type="radio"/> Accounting <input type="radio"/> Industry <input type="radio"/> Law Firm <input type="radio"/> Banking	\$799	A licensed CPA working and/or living in South Carolina. <b>Includes 40-hour CPE Bank.</b>
<input type="checkbox"/> <b>Fellow Retired</b>	\$450	CPA averaging less than 20 working hours a week and 62 years of age or older. <b>Includes 40-hour CPE Bank.</b>
<input type="checkbox"/> <b>Non-Resident</b>	\$450	A CPA living <u>and</u> working outside of South Carolina. <i>May purchase 40-hr CPE Bank for an additional \$349.</i>
<input type="checkbox"/> <b>Affiliate</b>	\$450	Non-CPA tax professional. <i>May purchase 40-hr CPE Bank for an additional \$349.</i>
<input type="checkbox"/> <b>CPA Candidate</b> _____ Anticipated date of licensure	\$450	Accounting degree from an accredited program, approved applicant for the Uniform CPA Exam actively pursuing certificate and licensure and employment in an accounting capacity. <b>May purchase 40-hr CPE Bank for an additional \$349.</b>
<input type="checkbox"/> <b>Firm Administrator</b>	\$0	CPA firm employees who are in a support role and do not work as a CPA or accountant. Firm administrators can register employees for CPE, update firm roster and renew dues.

I'd like to purchase the 40-Hour CPE Bank for an additional \$349.

**NOTE:** SCACPA offers a **Student Membership**, which is free for college-level accounting students. Please request a student member application if interested by emailing [membership@scacpa.org](mailto:membership@scacpa.org). Students must be enrolled in an accounting program at a South Carolina institution of higher education.

**Chapter Selection** (Chapter membership is included with dues.)

<input type="checkbox"/> <b>Catawba</b>	Chester, Lancaster and York counties
<input type="checkbox"/> <b>Central</b>	Aiken, Allendale, Bamberg, Barnwell, Calhoun, Edgefield, Fairfield, Kershaw, Lexington, McCormick, Newberry, Orangeburg, Richland, Saluda and Sumter counties
<input type="checkbox"/> <b>Coastal</b>	Berkeley, Charleston, Colleton, Dorchester, Hampton and Jasper counties
<input type="checkbox"/> <b>Foothills</b>	Cherokee, Union and Spartanburg counties
<input type="checkbox"/> <b>Grand Strand</b>	Georgetown and Horry counties
<input type="checkbox"/> <b>Pee Dee</b>	Chesterfield, Clarendon, Darlington, Dillon, Florence, Lee, Marion, Marlboro and Williamsburg counties
<input type="checkbox"/> <b>Piedmont</b>	Abbeville, Anderson, Greenville, Greenwood, Laurens, Oconee and Pickens counties
<input type="checkbox"/> <b>Sea Island</b>	Beaufort county

**Contributions** (If you elect to opt-out of the PAC or Educational Fund, that portion of your renewal will go toward a general fund.)**CPA-PAC Contribution**

The CPA-PAC supports legislators who share Association views and goals. Contributions to key leaders and members of the legislature have helped the profession enjoy a long list of legislative victories.

- Check here if you wish to opt-out.
- Check here if you wish to make an additional donation.

Donation amount: \$ \_\_\_\_\_

**Educational Fund Contribution**

The Educational Fund exists to advance and promote accounting education and feed the CPA Pipeline as well as grant scholarships to talented undergrad and graduate students from across the state.

- Check here if you wish to opt-out.
- Check here if you wish to make an additional donation.

Donation amount: \$ \_\_\_\_\_

**Knowledge Networks** (Included with dues.)

This year only, SCACPA is offering Knowledge Networks at no additional cost! Receive and share information on your specific area of practice via monthly newsletter.

- |                                                                   |            |
|-------------------------------------------------------------------|------------|
| <input type="checkbox"/> <b>Accounting and Auditing</b>           | <b>\$0</b> |
| <input type="checkbox"/> <b>Business &amp; Industry</b>           | <b>\$0</b> |
| <input type="checkbox"/> <b>Taxation</b>                          | <b>\$0</b> |
| <input type="checkbox"/> <b>Management of Accounting Practice</b> | <b>\$0</b> |

**Ethnicity** (Optional)

- |                                        |                                                           |
|----------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Caucasian     | <input type="checkbox"/> African American                 |
| <input type="checkbox"/> Hispanic      | <input type="checkbox"/> American Indian/Alaska Native    |
| <input type="checkbox"/> Asian         | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Multicultural | <input type="checkbox"/> Other                            |

**Payment Information**

**TOTAL AMOUNT:** \$ \_\_\_\_\_

- Check    Visa    MC    Discover    American Express

Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**TESTAMENT**

I hereby certify that the statements above are correct to the best of my knowledge and beliefs. I further certify that I have not been convicted by any court or other body of any crime, misdemeanor or discreditable act since I originally applied to take the CPA examination in South Carolina or for a South Carolina certificate by reciprocity and that any such act prior to the application has been explained to the satisfaction of the S.C. Board of Accountancy. I have never been suspended or expelled from any professional organization, and that I have not suppressed any information which might have a bearing upon this application. I agree to abide by the decision of the Board of Directors as to this application and I agree, if elected, to be governed by the bylaws and rules of professional conduct of the Association.

**Signature:** \_\_\_\_\_

**Return application to 1300 12th St., Suite D, Cayce, SC 29033 or [membership@scacpa.org](mailto:membership@scacpa.org)**