



<b>SCACPA Office Use Only</b>		<b>Date:</b>
Verifications	Filling	_____
<input type="checkbox"/> Lic.	<input type="checkbox"/> Scan	_____
<input type="checkbox"/> Firm	<input type="checkbox"/> Wel	Member Number

## 2019-2020 SCACPA MEMBERSHIP APPLICATION

**SPECIAL OFFER!**

**Together we are stronger.**

### NEW MEMBERS-- JOIN BEFORE AUGUST 1, 2019 AND RECEIVE \$99 OFF!

New members who join the Association by August 1, 2019 will receive \$99 off the price of membership.\*

This offer is valid for paying members only and cannot be combined with any other offer. Applications must be post marked or received by August 1. Membership applications can be emailed to communications@scacpa.org, faxed to 803.791.4196 or mailed to SCACPA, 1300 12th Street, Suite D, Cayce, SC 29033.

\* New member rate is applicable to those who have never been a paying member of SCACPA.

**REFERRED BY:** \_\_\_\_\_

#### Personal Information

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

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

\_\_\_\_\_  
Birth Date

Gender:  Male  Female

#### License Information

\_\_\_\_\_  
CPA License #, State

\_\_\_\_\_  
Date of Issue

\_\_\_\_\_  
Additional License #, State

\_\_\_\_\_  
Date of Issue

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

#### Home Mailing Address

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

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

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

#### Employment Information

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

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

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

**Mail Preference**    Home    Office

#### SCACPA Member Type

<input type="checkbox"/> <b>Fellow</b>	\$799	A licensed CPA working and/or living in South Carolina. <b>Includes 40-hour CPE Bank.</b>
<input type="checkbox"/> <b>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. <b>May purchase 40-hour CPE Bank for an additional \$349.</b>
<input type="checkbox"/> <b>Affiliate</b>	\$450	Non-CPA tax professional. <b>May purchase 40-hour CPE Bank for an additional \$349.</b>
<input type="checkbox"/> <b>CPA Candidate</b>	\$450	Approved applicant for the CPA Exam, actively pursuing certificate and licensure as a CPA. <b>May purchase 40-hour CPE Bank for an additional \$349.</b>

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

## 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

### 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 make an additional donation.

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

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

### 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 make an additional donation.

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

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

## 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 [communications@scacpa.org](mailto:communications@scacpa.org)**