

2022-2023 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"/> Fellow	\$845	A licensed CPA working and/or living in South Carolina.
<input type="checkbox"/> Fellow Retired	\$475	CPA averaging less than 20 working hours a week and 62 years of age or older.
<input type="checkbox"/> Non-Resident	\$475	A CPA living and working outside of South Carolina.
<input type="checkbox"/> Affiliate	\$475	Non-CPA tax professional.
<input type="checkbox"/> CPA Candidate _____ Anticipated date of licensure	\$475	Accounting degree from an accredited program, approved applicant for the Uniform CPA Exam actively pursuing certificate and licensure and employment in an accounting capacity.
<input type="checkbox"/> Firm Administrator	\$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.

REFERRED BY/REFERRAL CODE: _____

Chapter Selection (Chapter membership is included with dues.)

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

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