

NCSA  
MEMBERSHIP APPLICATION



NCSA – MEMBERSHIP COMMITTEE  
P. O. Box 1126  
Conover, North Carolina 28613  
(866) 755-NCSA (6272)  
Fax (828) 695-2522

*Enroll me today as a member of the North Carolina Society of Accountants !*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of your Company \_\_\_\_\_ Your Title \_\_\_\_\_ # of Employees \_\_\_\_\_

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS—INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

The answers to these questions will help the Membership Approval Committee choose the correct type of membership you qualify for.

1. Are you currently enrolled in an undergraduate college level accounting program? Yes \_\_\_ No \_\_\_ If yes, skip to Character References
2. Check which of the following categories best describes your current profession:  
Educator \_\_\_ Accountant with a governmental service \_\_\_ Accountant for a private organization \_\_\_ Officer or Employee accountant for a bank or financial institution \_\_\_ None of the above \_\_\_  
If your answer to question two (2) was None of the Above, please continue to question number three (3), if not; skip to Character References
3. How many months of public accounting experience do you have? Number of months in practice \_\_\_\_\_
4. Have you ever been an employee of the Internal Revenue Service or the North Carolina Department of Revenue? Yes \_\_\_ No \_\_\_ # of years \_\_\_\_\_
5. Are you a citizen or legal resident of the United States? Yes \_\_\_ No \_\_\_
6. Do you possess or are you covered under a valid permit/license as an Accountant, Certified Public Accountant, or such other titles that may be granted under state law for the practice of accountancy for the public? Yes \_\_\_ No \_\_\_
7. The Accreditation Council for Accountancy and Taxation offers three credentials we recognize for Full membership in the NCSA. Have you earned any of these credentials? Yes \_\_\_ No \_\_\_ If so, please check which credentials you have obtained ABA \_\_\_ ATA \_\_\_ ATP \_\_\_
8. Are you enrolled to practice before the Internal Revenue Service? Yes \_\_\_ No \_\_\_
9. Do you possess either an associate degree or a baccalaureate degree with a minimum of 24 semester hours in accounting? Yes \_\_\_ No \_\_\_  
If yes, circle the highest degree earned.
10. Have you ever been employed as an accountant under the direct supervision of a Full member of NCSA or by a CPA? Yes \_\_\_ No \_\_\_  
# of months employed \_\_\_\_\_  
Please List member's/CPA's name and phone number \_\_\_\_\_

**Character References:** (Three (3) references are required. Please include their name, address, city, state, zip, and phone number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Continuing Education:** To maintain membership in the Society, all Full Members who are engaged in the practice of accountancy shall be required to have thirty hours of continuing education every two years in courses which qualify under rules established by the Board of Directors of the Society.

**Local Chapter Information:**

Each of the chapters listed below have their own separate dues, but do not require that you join their chapter to meet with them on a monthly basis. The average local dues is \$ 25.00 annually. Please check which chapter you would most likely attend, information from that chapter will be mailed to you shortly after your membership has been approved.

Burlington \_\_\_ Cape Fear \_\_\_ Central \_\_\_ Charlotte \_\_\_ Hickory \_\_\_  
Piedmont \_\_\_ Raleigh \_\_\_ Sanford \_\_\_ Sandhills \_\_\_ Western \_\_\_

Other Information:

1. Are you a member of the National Society of Accountants (NSA) ? \_\_\_\_\_
2. Please list other professional organizations you are a member of \_\_\_\_\_  
\_\_\_\_\_
3. Please check yes or no to the following conditions. If you answer yes to any question please attach a detailed explanation.
 

(A) Have you ever had your Treasury card suspended or revoked ?	Yes _____ No _____
(B) Have you ever had your privilege license suspended or revoked ?	Yes _____ No _____
(C) Have you ever been convicted of a felony ?	Yes _____ No _____
(D) Have ever been denied a bond ?	Yes _____ No _____
4. Your form of practice:  
Corporation \_\_\_ Partnership \_\_\_ Solo Practice \_\_\_ LLC \_\_\_ LLP \_\_\_ Other \_\_\_\_\_
5. Your role in the practice  
Principal \_\_\_ Partner \_\_\_ Sole Practitioner \_\_\_ Member \_\_\_ Employee \_\_\_ Other \_\_\_\_\_

Dues and Details:

Annual dues for membership: Full \$ 150.00 , Associate \$ 89.00 , Affiliate \$ 100.00, Student \$ 20.00

The dues for one fiscal year must accompany this application. Any over payment will be pro rated during the succeeding fiscal year.

Our fiscal year is 7/1-6/30. Dues start the month your membership is approved. An application approved in October 2011 would yield a 3 month credit during our next fiscal year.

Affirmation:

I understand that all information given on these pages will be held in strictest confidence. My signature will serve as authority to anyone given as a reference to answer any inquiries that NCSA may care to make in connection with my application for membership. I understand that any time I should cease to be a member, I will return my membership Certificate and Society Emblem, which remain the property of the North Carolina Society of Accountants, Inc.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsorship signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Additional information can be obtained on our web site [WWW.NCSA1947.ORG](http://WWW.NCSA1947.ORG)

Do not write in this box. For central office use only.

1. Date application received \_\_\_\_\_
2. Date application forwarded to Approval Committee \_\_\_\_\_
3. Date approved by Committee \_\_\_\_\_
4. Date Membership certificate and Society Emblem mailed \_\_\_\_\_

Release date June 2011