

Application for Membership



SOCIETY OF CALIFORNIA ACCOUNTANTS

526 So. E Street, Santa Rosa, CA 95404
Phone: (707) 578-2070 Fax: (707) 578-4406
info@gosca.com www.gosca.com

JOIN TODAY!

Chapter

ID #

I hereby apply for membership in the Society of California Accountants as:

- ACTIVE MEMBER.** Active Members shall be those persons who are active licensees of the California Board of Accountancy. **(\$375 Dues* + \$10 Application fee)** California License # _____ Date of Birth _____
- ASSOCIATE MEMBER.** Associate Members shall be those persons who have applied to take, or have taken, the CPA examination, or who are in the employ of persons qualifying for Active Membership. **(\$281 Dues* + \$10 Application fee)**
- AFFILIATE MEMBER.** Affiliate Members are any individuals who, by their affiliation with the accounting profession, find membership advantageous and have a desire to support the Society. **(\$187 Dues* + \$10 Application fee)**
- STUDENT MEMBER.** Student Members shall consist of full-time students, as per the accredited college requirements for full-time status, who are accounting majors or interested in accounting careers. **(\$37 Dues + \$10 Application fee)** Verification is required. Please attach copy of current student ID.
- EDUCATOR.** Educators shall consist of full-time employees (as defined by their institution), of accredited colleges, including junior colleges, engaged primarily in teaching of accounting and business related subjects. **(\$93 Dues* + \$10 Application fee)**
- GOVERNMENTAL.** Governmental members shall consist of licensees who are full time employees of governmental agencies. **(\$93 Dues* + \$10 Application fee)**
- SUSTAINING MEMBER.** Sustaining members shall consist of any individual, company or corporation who, by their interest in the accounting profession, is desirous of supporting the purposes of the Society. **(\$750 Dues + \$10 Application fee)**

** First year dues are pro-rated from the first day of the month following the date of the application*

Full Name _____

Firm/Company _____

Address _____

City, State & Zip _____

Is your mailing address a Business Residence

Telephone _____ Fax _____

Email _____ Website _____

How were you referred to SCA? _____ Have you previously held membership in SCA? Yes No

I agree to abide by the Code of Ethics, Rules of Professional Conduct and Bylaws of this Society, and regulatory provisions of the California Board of Accountancy.

Dated _____

Signed _____

PAYMENT INFORMATION

Total Payment \$ _____ Check Enclosed (Make checks payable to SCA) Charge to: Visa MasterCard

Cardholder Name _____

Authorized Signature _____

Account # _____

Expiration Date _____

3 digit ID Code (on back of card) _____