

THE WEST VIRGINIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS



216 Brooks Street, Suite 201
Charleston, West Virginia 25301
(304) 342-5461
E-mail: wvscpa@wvscpa.org
Website: www.wvscpa.org

MEMBERSHIP APPLICATION

Please Print Clearly

Name: _____ Gender: Male Female
(First) (Middle) (Last) (Suffix - Jr. Sr., etc.)
(Print name as you wish it to appear on your membership certificate)

Home Address: _____ Home Phone: _____
(No. & Street) (City) (County) (State) (Zip)

Personal E-mail: _____ Cell Phone: _____ Birth Date: _____

Name of Employer: _____

Work Address: _____
(Company Mailing Address)

_____ (City) (County) (State) (Zip)

Work E-mail: _____ Work Phone: _____ Fax: _____

Position: _____ Send mail: Home Office

College Attended: _____ Month/Year Graduated: _____

In State Certification Number: _____ Date: _____ Member AICPA: Yes No Member # _____

Other state of Certification: _____ Date: _____ Certificate Number: _____

Application Fee and Membership Dues:

Dues to end of year _____
(See schedule on back)

Category Classification _____
(See back of form)

Application Fee \$30.00

TOTAL DUES AND FEES _____

Please enclose a copy of your license.

PAYMENT METHOD	
<input type="checkbox"/>	Check made payable to WV Society of CPAs
<input type="checkbox"/>	MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Discover
Card # _____	
Expiration Date: _____ VCode: _____	
Address _____ <small>(Address credit card statement comes to)</small>	
Signature _____	

Applicant's Statement: To the best of my knowledge and belief the information contained herein is true and correct. I agree to abide by the decision of the Board of Directors as to the disposition of this application. I agree, if admitted, to be governed by the bylaws and rules of professional conduct of the Society, and should my membership be terminated for any reason, to return to the Secretary of the Society the membership certificate which has been issued to me.

Signature _____ Date _____

FOR OFFICE USE ONLY

Application Reviewed By: _____	Date Reviewed: _____
West Virginia Society No.: _____	Admission Date: _____

Certificates are not issued to Associate, Non-resident or Professional Affiliate Members.

