



Membership Application

Personal Information

NAME _____
(As you would like it to appear on your SDCPAS membership certificate and your SDCPAS record)

NICKNAME _____ DATE OF BIRTH _____ GENDER M / F

MAIDEN NAME _____ SPOUSE _____

Home Contact Information

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE _____ CELL TELEPHONE _____

Professional Contact Information

POSITION/TITLE _____

FIRM/BUSINESS NAME _____

WORK STREET ADDRESS _____

BUSINESS PO BOX ADDRESS _____

CITY _____ STATE _____ ZIP + 4 _____

FIRM PHONE _____ DIRECT PHONE _____

FIRM FAX _____ BUSINESS WEBSITE _____

Contact Preferences

PREFERRED ADDRESS FOR SDCPAS MAILINGS Office / Home

PREFERRED ADDRESS FOR CPE MAILINGS Office / Home

INCLUDE MY INFORMATION IN THE ONLINE SDCPAS MEMBERSHIP DIRECTORY Yes / No

MAY WE SEND YOU FAXES Yes /No

MAY WE SEND YOU EMAILS Yes /No

PREFERRED EMAIL _____

Education and Certifications

COLLEGE/UNIVERSITY _____

YEAR GRADUATED _____ DEGREE _____

ADVANCED DEGREES / PROFESSIONAL CREDENTIALS _____

If you are certified, please provide the following information from your original CPA certificate:

ORIGINAL CERTIFICATE NUMBER _____

ISSUED BY THE STATE OF _____ DATE ISSUED _____

If you hold a South Dakota reciprocal CPA certificate, please provide the following information:

RECIPROCAL CERTIFICATE NUMBER _____ DATE ISSUED _____

If you are a member of AICPA, please provide your AICPA Member Number:

AICPA MEMBER NUMBER _____

If you are not a certified public accountant, please select from the following options that best applies to you;

____ Managerial Non-CPA working under the supervision of a CPA

____ Firm Administrator or Non-CPA working under the supervision of a CPA in public accounting

____ Non-CPA owner registered with the Board of Accountancy (BOA)

Name of CPA Supervisor _____

____ Non-CPA educators teaching accounting at accredited post-secondary institutions

Name of School _____

Employment

Public Accounting

If employed in public accounting in excess of 50% of your time, please provide the following information: (Circle one)

TYPE OF FIRM:

Local CPA Firm (offices located in one state)
Regional CPA Firm (offices located in more than one state)
National CPA Firm

POSITION:

Individual Practitioner
Partner/Shareholder/Member (PLC only)
Non-CPA Owner of a CPA Firm
CPA Employee
Non-CPA Employee

Business, Industry, Education or Government

If employed in business, industry, education or government in excess of 50% of your time, please provide the following information: (Circle one)

PRIMARY AREA OF SERVICE(S):

Agribusiness	Information Systems
Business Services	Insurance
Communication	Legal Services
Construction	Manufacturing
Consulting Services	Mining
Educational Institution	Nonprofit
Finance/Investments	Public Utilities
Government – Federal	Real Estate
Government – State	Retail Sales/Services
Government – Local	Transportation
Government – Other	Wholesale
Health Care	

PRINCIPAL FUNCTION:

Accountant
Analyst
Auditor
CEO/President/Owner
Chief Financial Officer
Consultant/Agent
Executive Officer
Faculty Member/Instructor
Information Systems
Middle Management
Staff/Other

[If Not Employed, Please Select One of the Following](#)

FULL-TIME STUDENT / RETIRED / OTHER _____

Primary Interest

This section is used to help identify your areas of interest so that we may provide you with information that is relevant. Please select all that apply to you;

Accounting (General)	Advisory Services	Agribusiness
Auditing	Accounting Consultation	Accounting Principle (General)
Management Advisory Services	Auto Dealers	Audit, Compilation, Review
Bankruptcy	Benefits	Business Valuation
Controllers/Finance	Cost Accounting	Cash Management
Consulting	Construction	CPE Self-Study
Employee Benefit Plans	Education	Entertainment/Hospitality
Estate Planning	Farm and Ranch	Financial Institutions
Finance	Fraud	Fishing
Government A-133 (NonProfit)	General Conferences	Government (General)
Government Contracting	Health Care	Internal Auditing
Industry	Information Systems	International
Insurance	Litigation Support	Manufacturing
MBA	Not-For-Profit	Public Accounting (General)
Personal Development	Pension and Profit Sharing	Personal Financial Planning
Practice Management	Practice Monitoring	Real Estate and Construction
Retail	Retirement Planning	Restaurant
Specialized Industry	Small Business	Software
Staff Training	Corporate or Partnership Income Tax	Estate and Gift Tax
Capital Gains Tax	Technology	Individual Income Tax
International Tax	Real Estate Tax	Trust Taxation
Taxation (General)	Utilities	Yellow Book
Other _____		

Membership Requirements and Classes

PUBLIC ACCOUNTING:

Partner / Sole Practitioner / Staff / Non-CPA Owner / Non-CPA Employee / Firm Administrator

NON-PUBLIC:

Industry / Education / Government / CEO/CFO/Owner / Retired / Student

APPLICANT SIGNATURE _____ **Date** _____

Please mail this form along with \$20 application fee (except student memberships) to the above address. Contact Laura Coome, Executive Director, if you require additional assistance. Upon receipt of the application and fee, a New Member packet will be mailed to you. The application will be submitted to the Board of Directors at its next scheduled meeting for approval. You will receive a membership certificate and dues notice following the Board meeting. Dues are prorated based on when you are approved as a new member. Membership is automatically suspended if dues are not paid within 30 days of notice.