

**SOUTH DAKOTA CPA SOCIETY**  
1000 West Avenue North #100  
P O Box 1798 Sioux Falls, SD 57101-1798  
Phone: 605-334-3848 Fax: 605-334-8595  
E Mail: lcoome@iw.net Website: www.sdcpa.org

**MEMBERSHIP APPLICATION**

NAME \_\_\_\_\_ DOB \_\_\_\_\_

FIRM NAME \_\_\_\_\_ GENDER M / F

FIRM STREET ADDRESS \_\_\_\_\_

FIRM MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP + 4 \_\_\_\_\_

FIRM PHONE \_\_\_\_\_ DIRECT PHONE \_\_\_\_\_

E MAIL \_\_\_\_\_ FIRM FAX: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP + 4 \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ SPOUSE \_\_\_\_\_

PREFERRED MAILING ADDRESS \_\_\_\_\_ Work / Home

MEMBERSHIP STATUS CPA / Associate / Student

CPA CERTIFICATE South Dakota / Other State # \_\_\_\_\_

AICPA Membership # \_\_\_\_\_

PUBLIC ACCOUNTING Partner / Sole Practitioner / Staff Person / Stockholder

NON-PUBLIC Private Industry / Education / Government / Retired / Other

APPLICANT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Please mail this form along with \$10 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 which includes some of the most recent mailings, along with other items. 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.