

SOUTH DAKOTA CPA SOCIETY
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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.