

South Dakota CPA Society Membership Application

To apply for SDCPAS membership, please complete and submit this membership application form.
5024 South Bur Oak Place, Suite 108 Sioux Falls, SD 57108 | admin@sdcpa.org | sdcpa.org

Personal Information

Name _____ Nickname _____
first middle initial last
(As you would like it to appear on your SDCPAS certificate and on your SDCPAS record.)

Maiden name (if applicable) _____ Gender Male Female Date of birth _____

Street address _____ PO Box _____

City _____ State _____ ZIP+4 _____

Home phone # (_____) _____ Mobile phone # (_____) _____

Spouse _____

College/University _____ Year graduated _____ Degree _____

Advanced degrees/professional credentials (MBA, ABV, etc.) _____

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, provide # _____ Date issued _____

Are you a member of AICPA? Yes No If yes, AICPA member number _____

If not a CPA, please check one Full-time student Retired Other _____

Contact Information/Preferences

Preferred address for SDCPAS mailings Office Home

Preferred address for CPE mailings Office Home

May we send you SDCPAS e-mails messages? Yes No

Preferred e-mail address _____

Secondary e-mail address _____

Include my information in online SDCPAS membership directory (member's only section of website) Yes No

Professional Information

Business/Firm _____

Street address _____ PO Box _____

City _____ State _____ ZIP+4 _____

Mail-stop _____ Position/title _____

Business Web site _____

General office phone # (_____) _____ Direct phone # (_____) _____ ext. _____

Interests

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting (General) | <input type="checkbox"/> Entertainment/Hospitality | <input type="checkbox"/> Not-For-Profit |
| <input type="checkbox"/> Advisory Services | <input type="checkbox"/> Estate and Gift Tax | <input type="checkbox"/> Pension and Profit Sharing |
| <input type="checkbox"/> Agribusiness | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Personal Development |
| <input type="checkbox"/> Audit, Compilation, Review | <input type="checkbox"/> Finance | <input type="checkbox"/> Practice Management |
| <input type="checkbox"/> Auditing | <input type="checkbox"/> Financial Institutions | <input type="checkbox"/> Public Accounting (General) |
| <input type="checkbox"/> Business Income Tax | <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Real Estate Tax |
| <input type="checkbox"/> Business Valuation | <input type="checkbox"/> Fraud | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Capital Gains Tax | <input type="checkbox"/> General Conferences | <input type="checkbox"/> Retirement Planning |
| <input type="checkbox"/> Cash Management | <input type="checkbox"/> Government A-133 (NonProfit) | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Individual Income Tax | <input type="checkbox"/> Specialized Industry |
| <input type="checkbox"/> Controllers/Finance | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Staff Training |
| <input type="checkbox"/> Cost Accounting | <input type="checkbox"/> Internal Auditing | <input type="checkbox"/> Taxation (General) |
| <input type="checkbox"/> CPE | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Trusts |
| <input type="checkbox"/> Employee Benefit Plans | <input type="checkbox"/> Mergers/Acquisitions | <input type="checkbox"/> Utilities |

Membership Requirements & Classes

Please select your membership class which best applies to you:

- | | |
|---|--|
| <input type="checkbox"/> CEO/CFO/Owner | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Firm Administrator | <input type="checkbox"/> Student |
| <input type="checkbox"/> Government | <input type="checkbox"/> Sole Practitioner |
| <input type="checkbox"/> Industry | <input type="checkbox"/> Staff |

If you are not a certified public accountant, also complete the following information as it pertains to you:

- Managerial Non-CPA, working under supervision of a CPA
- Firm Administrator or Non-CPA, working under supervision of a CPA
- Non-CPA owner registered with the Board of Accountancy (BOA)
- Non-CPA educators teaching accounting at accredited post-secondary institutions

Name of CPA Supervisor and/or name of School _____

Verification

- To the best of my knowledge, the information contained herein is accurate and I agree to be governed by the bylaws of the South Dakota CPA Society

Signature _____

Date _____

South Dakota CPA Society (SDCPAS)
5024 S Bur Oak Place, Ste 108
Sioux Falls, SD 57108
605-334-3848 • sdcpa.org

Please submit this form along with a one time \$20 application fee (student memberships exempt) to the above address. Upon receiving membership application, a confirmation notice and dues invoice will be sent to you shortly afterwards. Dues are prorated based on when your membership is approved.