North Carolina Society of Accountants, Inc. – Membership Application

*All applicants for membership must be of good moral character, apply for the highest level of membership for which they qualify, and shall pledge in writing to conform to the NCSA Rules of Professional Conduct.*

You may apply online at [www.ncsa1947.org/application](http://www.ncsa1947.org/application) or you can mail your application to:

NCSA Membership Committee C/O Candace Cansler, Executive Director NCSA

Post Office Box 1126 Conover, North Carolina 28613

**Full Name PTIN Address City State Zip E-Mail Address Office Phone # Fax # Alternate # Company Name Position with Company Are you a member of NSA?** Yes No **NCSA Local Chapter member?** Yes No **if yes, which chapter *Questions must be answered in order to approve your application***

**Q1.** Are you a citizen of the United States of America? **Yes No** if yes, continue to Q2A, if no, skip to Q5

**Q2A.** Have you completed 2 ½ years in public accounting practice and/or tax preparation? **Yes No** if yes, continue to Q3A, if no, go to Q2B

**Q2B.** Have you completed 5 years of service with the IRS or a State Dept. of Revenue? **Yes No** if yes, continue to Q3A, if no, go to Q5 **Q3A.** Do you possess a valid CPA certificate issued by the NC State Board of CPA Examiners? **Yes No** if yes, continue to Q4, if no go to Q3B

**Q3B.** Do you possess an “Accountant” Privilege license issued by the NC Dept. of Revenue? **Yes No** if yes, continue to Q4, if no go to Q3C **Q3C.** Do you claim to only have an income tax practice, only prepare income tax returns and do not prepare financial statements? **Yes No** if yes, continue to Q4, if no go to Q5

**Q4.** At least **one** of the following must apply for **Full membership** in the NCSA: Circle one that applies, provide the necessary information, you qualify for Full membership, if none go to Q5

**A.)** Enrolled Agent (EA) – Please provide Treasury Card #

**B.)** ACAT Credential (Accreditation Council for Accountancy & Taxation) circle one or all that apply.

ABA ATA ATP ARA

**C.)** Associate, Bachelor, or higher degree; with at least 24 semester hours in Accounting.

Highest degree attained Year College/University

**D.)** Employed at least 3 years as an accountant under the direct supervision of a CPA or a Full member of NCSA.

CPA / NCSA Member Name Phone # or E-Mail Address

**E.)** You have been in the public practice of accounting in excess of thirty six months (36 months)? **Yes No**

**Q5.** Are you currently enrolled in an undergraduate college level accounting program? **Yes No** if no, you qualify for Associate If yes, you qualify for student membership, provide college name Projected Graduation Date

***Character References: All applicants must provide three (3) character references***

**Name Address City State Zip Phone or E-Mail**

**R1 R2 R3 Dues and Details: *Your initial dues payment in full must accompany this application, renewal dues will be billed annually on July***

***1st.*** Dues for membership: **Full** - **$195**, **Associate** - **$135**, **Student** - **$35**. **Proration of dues:** A members’ dues starts the month their

application is approved and any credits are applied against the next fiscal year’s dues. Example: Application approved on October 21, 2016 would yield a three (3) month credit towards the next fiscal year’s dues.

**Continuing Education:** To maintain Full Membership in the Society, Members shall be required to have fifteen (15) hours of continuing education every year in courses which qualify under rules established by the Board of Directors of the Society.

**Affirmation:** I understand that all information given on this application will be held in strictest confidence. My signature will serve as authority to anyone given as a reference to answer any inquiries that NCSA may care to make in connection with my application for membership. I understand that any time I should cease to be a member, I will return my membership Certificate and Society Emblem, which remain the property of the North Carolina Society of Accountants, Inc.

**Applicant Signature Date**

**Sponsor Signature, if applicable Date \_**