

NCSA  
MEMBERSHIP APPLICATION



NCSA – MEMBERSHIP COMMITTEE  
P. O. Box 1126  
Conover, North Carolina 28613  
(866) 755-NCSA (6272)  
Fax (828) 695-2522

*Enroll me today as a member of the North Carolina Society of Accountants !*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of your Company \_\_\_\_\_ Your Title \_\_\_\_\_ # of Employees \_\_\_\_\_

**NCSA BYLAWS ARTICLE I SECTION 1: Membership:** 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.

Please check which membership category you are applying for.

**Full Members:** Persons who are engaged in the practice of public accounting or accountants employed by a firm of accountants or by a firm of Certified Public Accountants must meet all requirements in subsections (A) through (D) and one of subsection (E).

(A) Have not less than thirty months of public accounting experience or five years service as an employee of the Internal Revenue Service or the North Carolina Department of Revenue. Yes \_\_\_\_\_ No \_\_\_\_\_ Number of months in practice \_\_\_\_\_

(B) Are citizens or legal residents of the United States. Yes \_\_\_\_\_ No \_\_\_\_\_

(C) Furnish three (3) references as to their character and ability. See below

(D) Possess or be covered under a valid permit/license as an Accountant, Certified Public Accountant, or such other titles that may be granted under state law for the practice of accountancy for the public. Yes \_\_\_\_\_ No \_\_\_\_\_

(E) **Must meet one of the following: (please check all that apply)**

(1)  Be accredited in accountancy or taxation by the Accreditation Council for Accountancy and Taxation. (Circle one/both)

(2)  Be enrolled to practice before the Internal Revenue Service.

(3)  Possess either an associate degree or a baccalaureate degree with a minimum of 24 semester hours in accounting. (Circle one/both)

(4)  Persons who are employed at least three years as an accountant under direct supervision of a Full member of NCSA or by a CPA.

Please List member's/CPA's name and phone number \_\_\_\_\_

(5)  Have not less than three years experience in the practice of public accounting.

**Associate Members:** Associate membership shall be granted to those persons who qualify in any one of the following subsections and furnish three character references. (Please check which one applies)

(A)  Persons who do not qualify as Full members (B)  Employees of accounting firms who do not qualify as Full members

**Affiliate Members:** Affiliate Membership shall be granted to those persons who qualify in any one of the following subsections and furnish three character references:

(A)  Educators (B)  Accountants in governmental services (C)  Accountants employed by private organizations

(D)  Officers and employee accountants of banks and other financial institutions.

**Student Members:** One who is enrolled in an undergraduate college level accounting program and furnishes three character references.

**Character References:** (Please include their name, address, city, state, zip, and phone number)

**Continuing Education:** To maintain membership in the NCSA all Full members shall be required to have thirty (30) hours of continuing education every two (2) years in courses which qualify under the rules established by the Board of Directors of the Society.

**Other Information:**

- 1. Are you a member of the National Society of Accountants (NSA) ? \_\_\_\_\_
- 2. Please list other professional organizations you are a member of \_\_\_\_\_  
\_\_\_\_\_
- 3. Please check yes or no to the following conditions. If you answer yes to any question please attach a detailed explanation.
  - (A) Have you ever had your Treasury card suspended or revoked ?    Yes \_\_\_\_\_ No \_\_\_\_\_
  - (B) Have you ever had your privilege license suspended or revoked ?    Yes \_\_\_\_\_ No \_\_\_\_\_
  - (C) Have you ever been convicted of a felony ?    Yes \_\_\_\_\_ No \_\_\_\_\_
  - (D) Have ever been denied a bond ?    Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Your form of practice:  
Corporation \_\_\_ Partnership \_\_\_ Solo Practice \_\_\_ LLC \_\_\_ LLP \_\_\_ Other \_\_\_\_\_
- 5. Your role in the practice  
Sole Practitioner \_\_\_ Partner \_\_\_ Principal \_\_\_ Employee \_\_\_ Member \_\_\_ Other \_\_\_\_\_

**Dues and Details:**

Annual dues for membership: Full \$ 132.00 , Associate \$ 100.00 , Affiliate \$ 100.00, Student \$ 20.00  
 The dues for one fiscal year must accompany this application. Any over payment will be pro rated during the succeeding fiscal year.  
 Our fiscal year is 7/1-6/30. Dues start the month your membership is approved. An application approved in October 2005 would yield a 3 month credit during our next fiscal year.

**Please include a sample of your business card and/or letterhead with this application.**

Make your check payable to: North Carolina Society of Accountants, Inc. or NCSA  
 Mail your check and this application to; NCSA Membership Committee – P. O. Box 1126 – Conover, NC 28613  
 To pay by credit card - provide the following information: Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Card Holders name \_\_\_\_\_ Billing Address if different from the one used on page one.

**Local Chapter Information:**

Each of the chapters listed below have their own separate dues, but do not require that you join their chapter to meet with them on a monthly basis. The average local dues is \$ 25.00 annually. Please check which chapter you would most likely attend, information from that chapter will be mailed to you shortly after your membership has been approved.

- Burlington \_\_\_ Cape Fear \_\_\_ Central \_\_\_ Charlotte \_\_\_ Hickory \_\_\_
- Piedmont \_\_\_ Raleigh \_\_\_ Sandhills \_\_\_ Sanford \_\_\_ Western \_\_\_ Wilmington \_\_\_

**Affirmation:**

I understand that all information given on these pages 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 \_\_\_\_\_  
 Sponsorship signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Additional information can be obtained on our web site [WWW.NCSAINC.ORG](http://WWW.NCSAINC.ORG)

**Do not write in this box. For central office use only.**

- 1. Date application received \_\_\_\_\_
- 2. Sponsorship \_\_\_\_\_
- 3. Date approved by membership committee \_\_\_\_\_
- 4. Date approved by the Board of Directors \_\_\_\_\_
- 5. Date Membership certificate and Society Emblem mailed \_\_\_\_\_