



ARKANSAS SOCIETY OF • ACCOUNTANTS

Note: If you are a renewing member and there are no changes to your contact information, please proceed to the payment information section.

First Name _____ Last Name _____

Email _____

Business Phone _____ Home Phone _____

Business Address _____

City _____ State _____ Zip _____

Country _____

How many years of accounting experience do you have? _____

Date of Birth MM/DD/YY: _____

Sole Practitioner

Partner

Employee

Corporate Officer

Name of Firm: _____

Number of Employees _____

Name of Partners _____

Are you a Licensed, Registered, or Certified Public Accountant? Yes No

If yes, please provide License #: _____

Are you an Accredited Public Accountant? Yes No

If yes, please provide Accreditation #: _____

Are you an Enrolled Agent? Yes No

Do you hold an Associate or Baccalaureate degree with a minimum of 24 semester hours in accounting? Yes No

Are you engaged in any other trade or business? Yes No

If yes, please describe: _____

Please list other accounting organizations in which you hold membership:

Confirmation

By checking this box, I hereby state that the accompanying statements are correct to the best of my knowledge and belief. I further state that I will abide by the Constitution and By-Laws of the Society and will practice in strict conformity with the Code of Ethics and Rules of Professional Conduct adopted by the Society.

Membership Level purchased below:

- ASA Annual Membership Dues - \$125.00 USD
- ASA Retirement Membership Dues - \$25.00 USD
- ASA Diamond State Membership Dues (for out-of-state members only) - \$15.00 USD

PAYMENT

Name _____

Firm _____

Phone _____ Email: _____

Total Enclosed: _____

If paying by check, please make payable to: The Arkansas Society of Accountants

VISA / MC / Discover (Please circle applicable card)

Card Number _____ Expiration _____ Security Code _____

Name on Card _____

Billing Address _____

Mail form and payment to:

Arkansas Society of Accountants, P.O. Box 479, Searcy, AR 72145