

# ISA MEMBERSHIP APPLICATION

## INDIANA SOCIETY OF ACCOUNTANTS

P. O. Box 3035

Carmel, Indiana 46082

Voice: (317) 581-1143 / 800-854-1040 Fax: (317) 581-1173

Mr.

Ms.

NAME \_\_\_\_\_

Last

First

Middle

Firm/Company \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Send mailings to: Office \_\_\_\_\_ Home \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

ISA MEMBER SPONSOR \_\_\_\_\_

**CLASS OF MEMBERSHIP FOR WHICH CURRENTLY QUALIFIED (and dues per year):**  
*(Complete explanation of membership Classifications on reverse side.)*

CHECK (All that apply):  PA  AP  CPA  EA  ACAT ACCREDITED  TAX PROFESSIONAL  OTHER  
 Senior \$135.00  Affiliate \$105.00  Associate \$105.00  Student \$25.00  
**- Send membership fee with application -**

*Desiring to become a member of the Indiana Society of Accountants, I hereby make application for membership and if accepted, will abide by its Constitution, Bylaws, Code of Ethics and Rules of Professional Conduct.*

\_\_\_\_\_  
*Applicant's Signature* \_\_\_\_\_  
*Date*

**FOR ISA USE ONLY:**

Application sent to Chapter (Date) \_\_\_\_\_

Approved by (Chapter) \_\_\_\_\_

Attest (Chapter Secretary) \_\_\_\_\_ Date: \_\_\_\_\_

Approved by State Membership Committee:

Attest (Chairman) \_\_\_\_\_ Date: \_\_\_\_\_





INDIANA SOCIETY OF ACCOUNTANTS

THE NATIONAL SOCIETY OF ACCOUNTANTS (NSA) AND THE INDIANA SOCIETY OF ACCOUNTANTS (ISA): YOUR ONE-STOP SOURCE FOR ALL YOUR ACCOUNTING AND TAX SOLUTIONS!

SPECIAL 2 FOR 1 BONUS: SAVE \$100 ON YOUR FIRST YEAR NSA/ISA DUES!

NSA/ISA JOINT MEMBERSHIP APPLICATION

Name: [ ] Mr. [ ] Mrs. [ ] Ms.

Company Name

Mailing Address City State Zip

Phone Fax E-mail

MEMBERSHIP CATEGORIES

ACTIVE MEMBER: Active Members are required to meet continuing education requirements, completing a minimum of 72 credit hours in each three-year reporting cycle, with a minimum of 16 credit hours in any one year. Active Members must be in public practice and meet one of the following requirements. Check all applicable statements.

- I have a valid permit/license granted under state law for the public practice of accountancy and/or taxation:
[ ] Public Accountant License No./State
[ ] Accounting Practitioner License No./State
[ ] Tax Permit/License License No./State
[ ] Certified Public Accountant License No./State
I am accredited by the Accreditation Council for Accountancy and Taxation in: [ ] ABA [ ] ATA [ ] ATP [ ] ECS
I am enrolled to practice before the IRS. Enrollment #:
I have an Associate, Baccalaureate or higher degree with a minimum of 24 semester hours in accounting. Highest degree is:
I have 3+ years experience in public accounting and/or taxation. Within 5 years of joining, I must meet at least one of the criteria for active membership outlined above.

ASSOCIATE MEMBER: Associate members, who are not eligible to vote or hold office, do not need to meet continuing education requirements. If you have the following qualifications, you are eligible for Associate Membership. Please check one:

- I am an owner, partner, or employee of an accounting and/or tax firm & do not meet Active Member requirements.
I am employed in government, a financial institution, private sector business or a non-profit entity. My primary responsibilities are accounting and/or taxation.

NSA/ISA JOINT DUES:

Active & Associate Members: \$239 for Both Memberships—a \$100 savings!

PAYMENT TYPE:

- Check in the amount of \$239 (for NSA and ISA dues) made payable to NSA enclosed:
Credit Card: [ ] Visa [ ] MasterCard [ ] Discover [ ] American Express
Account #: Exp. Date:
Signature:

AFFILIATIONS

- Your type of practice: [ ] Corporation [ ] Partnership [ ] Sole Practitioner
[ ] LLC [ ] LLP [ ] Other
Your role in the practice: [ ] Sole practitioner [ ] Partner [ ] Principal
[ ] Employee [ ] Other:
Other professional accounting/tax associations to which you belong:

I hereby state that the above statements are correct to the best of my knowledge and belief. I further state that I will abide by the Constitution and Bylaws of the Society and will practice in strict conformity with the Code of Ethics and Rules of Professional Conduct adopted by the Society. (Please go to www.nsacct.org or call NSA at 703-549-6400 for NSA's Code of Ethics.)

Applicant Signature Date
Sponsor Signature Date



3 Easy Ways to Join NSA and ISA and Save \$100!

By Mail:
NSA
1010 N. Fairfax Street
Alexandria, VA 22314

By Fax:
703-549-2984

By Phone:
8:30am-5:00pm EST
800-966-6679

Limited-Time Offer. Offer valid on first year dues only to new members.

IMPORTANT NOTE: A COPY OF YOUR PROFESSIONAL STATIONERY OR BUSINESS CARD MUST ACCOMPANY THIS APPLICATION.

NSA/IND