



Application for Membership

Nebraska Society of Certified Public Accountants

635 South 14th Street, Suite 330 • Lincoln, Nebraska 68508
 (402) 476-8482 • (800) 642-6178 • Fax (402) 476-8731
 Email society@nescpa.org • Website www.nescpa.org

FOR SOCIETY USE ONLY	
Entrance Fee Received	
Certificate Verified	
Notification of Application Received	
Chapter Area	Firm #
Circularized	
Board Approval	Date Notified
Billed Dues	
Society Certificate #	Certificate Mailed

*I hereby make application for Admission as a member of the Nebraska Society of Certified Public Accountants, **AND ENCLOSE FIFTEEN DOLLARS (\$15.00), HEREWITH AS AN ENTRANCE FEE**, with the mutual understanding that said amount will be returned to me if I am not accepted.*

Date

Please complete the entire application. Missing information can cause a delay in the application process. This application will be in your permanent society records. Please type or print legibly.

Female

Male

Full Name

Home Address

City

State

Zip Code

Spouse's First Name

Home Phone Number

Date of Birth

Certificate Number

Date of Issue

State of Issue

Have you previously been a member of the Nebraska Society of CPAs?

Yes

No

College or University Degree(s)

Degree

College / University

City, State

Preferred mailing address:

Home

Firm

Employer Information

Firm Name

Firm Mailing Address

City

State

Zip Code

Firm Phone No.

Firm Fax No.

Direct Phone No.

Direct Fax No.

E-Mail Address

Please complete both pages.

Employed (Complete Section A) **Not Employed** (Complete Section B) **Retired** (Complete Section B)

Section A

If you are employed in public accounting, please indicate your position in the firm.

Individual Practitioner Shareholder Partner Employee

If you are not employed in public accounting, please indicate your type of business. Select only ONE.

<input type="checkbox"/> Communications	<input type="checkbox"/> Government	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Construction	<input type="checkbox"/> Health Care	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Consulting	<input type="checkbox"/> Insurance	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Investment Co.	<input type="checkbox"/> Sales & Service
<input type="checkbox"/> Education	<input type="checkbox"/> Law	<input type="checkbox"/> Utility
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Management	

Other

Section B

I have had public accounting experience with the following firms during the dates indicated:

Please list other qualifications or remarks (including accounting experience other than public practice):

Please type how your name should appear on the membership certificate.

I hereby certify that the information provided is correct to the best of my knowledge and belief, and if selected I agree to be governed by the bylaws and rules of professional conduct of the Society. In case I lose or relinquish my Society membership for any case whatsoever, I hereby agree to surrender my certificate of membership promptly to the Secretary of the Society.

Signed _____

Please enclose the \$15 application fee, made payable to the Nebraska Society of CPAs. Do NOT include any dues payment.
Once membership is approved, a dues invoice will be mailed.