

**MAINE SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
STUDENT MEMBERSHIP APPLICATION**

(Please mail completed information to: MSCPA, 153 US Rt. 1 Suite 8, Scarborough, ME 04074-9053)

Name: _____ Date of Birth: _____
(First) (M) (Last)

Home Address: _____
(No. & Street) (City) (State) (Zip Code)

Home Telephone Number: _____ E-Mail: _____

Name of School or University: _____

Address: _____
(No. & Street) (City) (State) (Zip Code)

When will you graduate? _____
(Month) (Year)

Education

Other Colleges or Universities attended:	Years Attended or Degree:
_____	_____
_____	_____

Employment

Record of employment for the past five years, including present:

Employer	Address	From:	To:	Nature of Employment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Information

Please list any other professional organizations(s) you are a member of:

Have you ever been convicted of a felonious charge? Yes No

I agree to abide by the Code of Professional Ethics, of the Maine Society of Certified Public Accountants. (You may obtain a copy of the by-laws from the Society office). **Enclosed is twenty-five dollars (\$25) one time initiation fee includes dues for the duration of student membership.**

Signature of Applicant: _____

ACTION BY BOARD OF GOVERNORS

Date: _____ Action: _____ President: _____