

Application for Membership

NDSA ND SOCIETY OF ACCOUNTANTS

P.O. BOX 102, BISMARCK, ND 58502-0102
(701) 255-6502 or 800-328-1950

Please show your name above as you wish it to appear on your NDSA Membership Certificate. Print or type.

Mailing address _____

City _____ State _____ Zip _____

Phone (_____) _____ Date of Birth _____

Name of Firm _____ Sole Practitioner Partnership Corporation

Name of Partners _____

No. of employees _____ Your years experience in accounting _____ Public Practice _____

National or State accounting organizations you currently hold membership in:

Persons applying for membership in the North Dakota Society of Accountants must meet at least one of the qualifications listed below for either Active Membership or Associate Membership

Active Membership Qualifications

Principals of firms in public practice applying for Active Membership must be able to meet any one of the following requirements. Please check all of the following (a. through d.) that apply to you.

- a. I am enrolled to practice before the IRS. Please list your enrollment number. # _____
- b. I possess a valid license as a Public Accountant or Certified Public Accountant. Please list your license/certificate number and state. # _____

- c. I possess an associate degree or baccalaureate degree with a minimum of 24 semester hours in accounting. Please list degree(s), year(s) received and school(s), _____

- d. I am accredited by the Accreditation Council for Accountancy in:
 Accountancy Taxation

Associate Member Qualifications

Persons not meeting Active Member qualifications may apply for NDSA membership as an Associate Member. Please mark the statements below which best apply to you.

- I am an employee of an accounting and/or tax practice firm.
- I am employed in government, a financial institution, private sector, business or non-profit entity and my primary duties are in the field of accountancy.

Dues Schedule:
Active Membership - \$120.00
Associate Membership - \$47.00

PAYMENT

- CHECK ENCLOSED
- Charge to Discover, Visa, MasterCard Account No. _____ Expiration date _____

Signature _____

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 Bylaws of the Society and will practice in strict conformity with the Code of Ethics and Rules of Professional Conduct adopted by the Society.

Date _____ Signature of Applicant _____

IMPORTANT NOTE: A copy of your professional stationery or business card MUST accompany this application.

FOR NDSA OFFICE USE ONLY.

Sponsor (Please print)	Amount	Date Received	Certificate Number
_____	<input type="text"/>	<input type="text"/>	<input type="text"/>