

MEMBERSHIP APPLICATION

NEW HAMPSHIRE SOCIETY OF ACCOUNTANTS



Return Application to: Paul V. St. Hilaire, CIA, PA, EA

268 Huse Road

Manchester, NH 03103-3087

Tel: 603-627-2970 Fax: 603-627-2970

YES! Please enroll me as a member of the New Hampshire Society of Accountants.

Name: _____ Prof. Designation: _____

Company Name: _____ Position: _____

Primary Mailing Address: _____

Home Address: _____

Work Telephone: (____) _____ FAX: (____) _____

Home Telephone: (____) _____ E-Mail: _____

Web Site: _____



State accounting organization you currently hold membership in _____

Please show your name above as you wish it to appear on your NNSA Membership Certificate. (Print or Type)

QUALIFICATIONS:

Applicants must meet at least one of the following qualifications for either ACTIVE or ASSOCIATE Membership.

ACTIVE MEMBER QUALIFICATIONS:

Individuals of firms in public practice applying for ACTIVE Membership must be able to meet any *one* of the following requirements. Please check all the following statements (A through C) that apply to you.

A I possess a valid permit / license as a Public Accountant, Certified Public Accountant, Certified Internal Auditor, Enrolled Agent or Accounting Practitioner for the practice of public accountancy. My license / permit number and state are _____.

B I have two years of college with at least twenty-four (24) semester hours in accounting and three (3) years of experience in the practice of public accounting. My studies were at _____ and my degree was obtained in _____. Please attach resume of experience in the field of public accounting.

C I have ten (10) years experience in the practice of public accounting. Please attach resume of experience in the field of public accounting.

Revised 08/03/2011

ASSOCIATE MEMBER QUALIFICATIONS:

Persons *not* meeting Active Member qualifications may apply for NHSA membership as an ASSOCIATE Member. Please check all the statements below which apply to you.

- I am a principal in an accounting / tax practice but I do not meet any of the requirements for Active Membership.
- I am an employee in government, a financial institution, private sector business or non-profit entity and my primary duties are in the field of accountancy and/or taxation.
- I am an employee of an accounting and/or tax practice but I do not meet any of the requirements for Active Membership.
- I am accredited by the Accreditation Council for Accountancy and Taxation in:
 - Accountancy
 - Taxation

STUDENTS:

I am a student at _____ actively pursuing studies in accounting.
Name of College

DUES SCHEDULE:

Annual dues are payable **IN FULL** in advance and are prorated for credit by NHSA on a monthly basis to June 30----the end of NHSA's fiscal year.

- ACTIVE Membership Annual Dues \$80
- STUDENT Membership Annual Dues \$0-
- ASSOCIATE Membership Annual Dues \$40

DUES PAYMENT:

- Money Order Enclosed
- Check Enclosed
- Check Number _____

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.

Applicant Signature _____ Date _____

How did you become aware of our Society? _____

IMPORTANT NOTE:* A COPY OF YOUR PROFESSIONAL STATIONERY AND BUSINESS CARD MUST ACCOMPANY THIS APPLICATION. DOES NOT APPLY TO STUDENTS

Revised 01/13/2011