



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

1010 North Fairfax Street • Alexandria, Virginia 22314 • 703-549-6400 • 800-966-6679 • Fax 703-549-2984 • www.nsacct.org
Limited Time Offer: 3 FREE Bonuses for Active & Associates Joining NSA Today!

BONUS 1: AN ADDITIONAL 3 MONTHS OF MEMBERSHIP—15 MONTHS!

BONUS 2: FREE ACCESS TO NSA'S INCOME & FEES SURVEY—A \$125 VALUE!

BONUS 3: FREE SUBSCRIPTION TO CCH'S WHAT'S NEW IN TAX—DAILY TAX & ACCOUNTING NEWS!

__ YES! I want to join NSA, the leading national association for accounting and tax professionals! Hurry! Offer expires August 31, 2011!

Name: Mr. Mrs. Ms.

Mailing Address _____ City _____ State _____ Zip _____
 (____) _____ (____) _____
 Phone _____ Fax _____ E-mail _____

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:

<input type="checkbox"/> Public Accountant	License No./State:
<input type="checkbox"/> Accounting Practitioner License	License No./State:
<input type="checkbox"/> Tax Permit/License	License No./State:
<input type="checkbox"/> Certified Public Accountant	License No./State:

I am accredited by the Accreditation Council for Accountancy and Taxation® (ACAT): Accountancy (ABA) Accredited Tax Advisor (ATA) Accredited Tax Preparer (ATP) Accredited Retirement Advisor (ARA)
 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.

INTERNATIONAL ASSOCIATE MEMBERS:
 I live outside the United States & its Territories.

EDUCATOR ASSOCIATE MEMBERS: If your primary occupation is teaching accounting at an accredited college or university, then you are eligible for NSA Educator Associate Membership. Educator Associate Members are not eligible to vote or hold office, nor must they meet continuing professional education requirements.

STUDENT ASSOCIATE MEMBERS: Student members can take advantage of all benefits and services to help them in their careers as future accountants. Full-time accounting and/or business administration curriculum qualify.
Please complete the following
 Graduate Undergraduate Graduation Year _____

Membership Dues	<i>Total Due: \$ _____</i>
___ Active & Associate Members	\$199—15 Month Membership—Offer Ends 8/31/11
___ International Associate Members	\$199
___ Educator Associate Members	\$54
___ Student Associate Members	\$30

\$3.00 of annual dues has been allotted to your subscription to NPA Magazine and \$2.32 is for NSA Practice Advisor and are non-deductible therefrom..

Year of birth _____

PAYMENT TYPE:

Check 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
 CTEC Member ID: _____
 Other professional accounting/tax associations to which you belong: _____

NSA15W

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 _____

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