



# Special Introductory Offer for Beta Alpha Psi Members!

(Offer valid through November 15, 2007)

.....  
*Become an*

**AICPA STUDENT  
AFFILIATE MEMBER\***

**FOR \$17.50**

(that's 50% off regular  
student membership dues!)

.....  
**AS AN AICPA STUDENT AFFILIATE,  
YOU WILL RECEIVE:**

- Free subscription to the *JOURNAL OF ACCOUNTANCY* > \$69 value
- Free subscription to *The CPA Letter* > \$40 value
- Access to the AICPA Student Affiliate Web page – [www.aicpa.org/nolimits](http://www.aicpa.org/nolimits)
- Access to exclusive members-only sections of [www.cpa2biz.com](http://www.cpa2biz.com)
- Eligibility to apply for 14 AICPA SCHOLARSHIPS – more than \$64,000 awarded last year!
- Great SAVINGS via AICPA's Member Elite Values Program – discounts on computers, telephone service, hotel stays and more
- A \$40 one-year subscription to the AICPA's RESOURCE ONLINE – an e-library containing AICPA's professional standards, technical practice aids, financial reporting trends and standard-setting guidance (\$355 off the member price)

\* Applications must be received by November 15, 2007 to be eligible for this promotional offer. This offer is only available to Beta Alpha Psi members and pledges; offer applies to new members only and is not applicable for membership renewals. **MUST BE A U.S. CITIZEN TO APPLY.**

define  
yourself

AICPA



# join

Enroll me as an AICPA  
Student Affiliate Member today!

### 1. Requisite processing information (please print)

NAME:	BIRTH DATE (MM/DD/YY): / /	E-MAIL ADDRESS:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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#### PLEASE INDICATE PREFERRED MAILING ADDRESS

<input type="checkbox"/> SCHOOL/BUSINESS NAME	<input type="checkbox"/> HOME		
STREET ADDRESS:	STREET ADDRESS:		
CITY/STATE/ZIP:	SCHOOL/BUSINESS PHONE: ( )	CITY/STATE/ZIP:	HOME PHONE: ( )
FAX NUMBER: ( )	<input type="checkbox"/> BY CHECKING THIS BOX, I ATTEST I AM A FULL-TIME STUDENT, AND HAVE AN ACTIVE/VALID STUDENT I.D.		
BETA ALPHA PSI CHAPTER NUMBER: (complete this field only if you are a Beta Alpha Psi member)			

### 2. Please tell us about yourself

<input type="checkbox"/> STUDENT	<input type="checkbox"/> CPA CANDIDATE
<input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR <input type="checkbox"/> GRADUATE STUDENT	I currently am a college graduate who is waiting to pass the CPA Exam.
EXPECTED GRADUATION DATE (MM/YY): /	I HAVE/WILL SIT FOR THE CPA EXAMINATION STATE: DATE (MM/DD/YY): / /

### 3. AICPA member dues

<input type="checkbox"/> STUDENT \$35	<input type="checkbox"/> CPA CANDIDATE \$35
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### 4. Payment information

My check for \$ payable to the AICPA is enclosed.	
OR Please bill my credit card: <input type="checkbox"/> AMEX <input type="checkbox"/> DINERS CLUB <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA	
NAME APPEARING ON CARD:	
CARD#: EXP. DATE: /	BILLING ADDRESS
SIGNATURE:	STREET ADDRESS:
AMOUNT:	CITY/STATE/ZIP:

**NOTE:** Membership will not be processed without payment, and there are no membership dues refunds. You may remain a Student Affiliate as long as you are a full-time student. If you are a CPA Candidate, you have five years after graduation and/or completing graduate school to fulfill the 150-hour requirement (if applicable). Upon meeting the eligibility requirements to sit for the CPA exam, you must sit for the CPA exam at least once each year to remain in this membership category. No one may remain a Student Affiliate or CPA Candidate for longer than a total of 10 years, and existing CPAs may not apply for this membership even though they may be students. Student Affiliates will not have voting rights and generally may not serve on AICPA Committees. Only students residing in the U.S. are eligible for membership.

### 5. Applicant statement

To the best of my knowledge and belief, the information contained herein is true and correct. I agree to abide by the decisions of the Board of Directors as to the disposition of this application. If admitted as an Affiliate, I agree to be governed by and to comply with the Bylaws and Code of Professional Conduct of the Institute.

SIGNATURE:	DATE (MM/DD/YY): / /
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#### MAIL APPLICATION TO:

American Institute of Certified Public Accountants  
ATTN: SCO Membership  
PO Box 52403  
Durham, NC 27 717-9924

For further information, please call 1-888-777-7077  
and be sure to mention Promo Code RKT

