



MEMBERSHIP APPLICATION

- Mr. Miss
 Mrs. Ms.

First Name MI Last Name

PTIN Years of Experience Year of Birth
 () () ()

Work Phone Home Phone Other Phone
 ()

Email Fax

Firm Name Owner(s)/Partner(s)

Mailing Address

City State Zip

Designations

- CPA # _____
 EA # _____
 ABA ATP CFP
 ATA RTRP
 Other _____

Memberships in State or National Organizations

- NSA AICPA
 NAEA NECPA
 NATP
 Other _____

Type of Firm

- Sole Prop. Partnership
 Corporation LLC/LLP
 Employee

Type of Membership

- ** ACTIVE MEMBER - Dues: \$75** (Must meet ALL qualifications)
 I am a resident of the State of Nebraska or have a principal place of business therein.
 I have at least three years experience in the performance of accounting, bookkeeping, or tax services for the public or the equivalent thereof.
 I hold myself out for the rendition of accounting, bookkeeping, or tax service for the general public or I am an accounting firm employee who has at least three (3) years experience providing accounting, bookkeeping or tax services for the general public.
 I maintain an office for the rendition of such service for the general public.
- ** ASSOCIATE MEMBER - Dues: \$75** (Must meet at least one qualification)
 I am an accounting employee of an accounting firm.
 I am an accounting educator, an accountant in governmental service, an accountant employed by a private organization, or I am an officer and employee accountant of a bank or other financial institution.
 I am a retired, disabled, or an incapacitated accountant who was formerly an active member.
 I am a practitioner who does not qualify for active membership.
- STUDENT MEMBER - Dues: FREE** (with copy of student ID card)
 Name of School: _____

**** A copy of your professional stationery or business card must accompany this application for Active or Associate Memberships. ****

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 By-Laws of the Society and will practice in strict conformity with the code of Ethics and Rules of Professional Conduct adopted by the Society.

Signature: _____ Title: _____ Date: _____

For NSIA Office Use Only Amount: _____ Date Received: _____ Check Number: _____