



Your Partner for the Future

MEMBERSHIP APPLICATION

PLEASE PRINT OR TYPE ALL ENTRIES

To the best of my knowledge and belief, the information contained herein is true and correct. By signing this application, I hereby represent to The Ohio Society of Certified Public Accountants that I will be bound by the Society's Bylaws and Code of Professional Conduct. The Bylaws provide that membership shall be terminated without a hearing should there be a final judgement of conviction imposed by any state, district, territory or federal jurisdiction of these United States upon any member for: (a) a crime defined as a felony (or its equivalent) under the laws of the convicting jurisdiction; (b) the willful failure to file any income tax return which he/she, as an individual taxpayer is required by law to file; (c) the filing of a false or fraudulent income tax return on his/her or a client's behalf; or (d) the willful aiding in the preparation or presentation of a false or fraudulent income tax return or financial statement of a client. If terminated, I agree to return my membership certificate to The Ohio Society.

I also hereby represent to The Ohio Society of CPAs that I have complied with the appropriate CPE membership requirements at the time of this application.

Applicant Signature
Date

When did you pass the CPA Exam?

Month/Year

Certifications:

CPA Certification date: (if applicable)

State/Month/Year

Ohio CPA Certification number: (if applicable)

(not applicable for exam-qualified affiliates)

Are you a member of the AICPA?

Yes No

If yes, AICPA membership number:

In what other states are you registered?

Table with 3 columns: State, Date, Certificate #

First Name or Initial

Middle Name or Initial

Last Name

Former Name (if applicable)

Business/Firm Name

Business/Firm Address

Business/Firm City, State, ZIP+4

Business/Firm County

Business/Firm Area Code & Telephone

Check the box that best describes your employer.

- Checkboxes for Sole Practitioner, Regional Firm, Corporate Practice, Education, Local Firm, National Firm, Government, Other

What is your employer's primary business focus?

(example: public accounting, manufacturing, retail, etc.)

What is your position/title?

Residence Street Address

Residence City State, ZIP+4

Residence County

Residence Area Code & Telephone

Preferred Mailing Address Business Residence

Preferred E-Mail Address

Date of Birth / / Last four digits of Social Security Number

VALUE IN MEMBERSHIP

535 Metro Place South
Box 1810
Dublin, OH 43017-7810

614.764.2727
800.686.2727
FAX: 614.764.5880

Member Service Center:
614.791.1212
Toll Free: 888.959.1212

www.ohioscpa.com



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## MEMBERSHIP APPLICATION

*eligibility requirements*

### Requirements of Membership

As a condition of membership or affiliate status in The Ohio Society of CPAs, individuals must satisfy the following requirements:

- Comply with The Accountancy Board of Ohio's CPE requirements for the permit status they hold in Ohio (unlimited or limited permit).
- If the individual does not hold a permit from The Accountancy Board of Ohio, they must comply with the requirements for the permit or its equivalent which they hold from another state or jurisdiction's board of accountancy.

### Affiliates categories of membership do not have a CPE requirement.

- Agree to abide by The Ohio Society's Bylaws and the Code of Professional Conduct.
- Any public practice unit or firm in Ohio with a member or an affiliate of The Ohio Society is required to participate in the AICPA/Ohio Society Peer Review program or in the AICPA division of firms.

### Membership Categories

**Resident Member** — A CPA who resides or works within the state of Ohio and holds a CPA certificate from the Accountancy Board of Ohio or from another state or US jurisdiction.

**Non-Resident Member** — A CPA who neither resides nor works within the state of Ohio, but holds a certificate issued by the Accountancy Board of Ohio.

**Retired Member** — A CPA who is retired from business life. Any CPA who has been a member of The Ohio Society of CPAs for at least 25 consecutive years and has reached the age of 70, is automatically eligible for Lifetime Member status.

**Exam-Qualified Affiliate** — A person who has successfully completed all parts of the CPA exam, but has not yet received a CPA certificate. Exam-Qualified Affiliates enjoy all benefits of membership except the right to vote or hold office in the Society. The change to Resident Member status is automatic when the Accountancy Board issues a CPA certificate. There is no additional charge to the individual when this status change is made.

**Accounting Professional Affiliate** — An individual who is not a CPA and is actively involved in a role supporting CPAs in exercising their professional responsibilities, regardless of whether they work in public accounting, corporate practice, government or education.

**Non Accounting Professional Affiliate** — An individual who is not a CPA and is actively involved in a role supporting CPAs in exercising their professional responsibilities, or in providing consulting services typically provided by CPAs, regardless of whether they work in public accounting, corporate practice, government or education.

**Firm Administrator Affiliate** — An individual who is employed by a CPA firm as a firm administrator.

**Non-CPA Educator Affiliate** — A full-time educator in Ohio who is engaged in the teaching of accounting subjects. Educators who possess a CPA certificate or are in the process of obtaining a certificate are not eligible for this status.

Accounting Professional Affiliates, Non Accounting Professional Affiliates, Firm Administrator Affiliates and Non-CPA Educator Affiliates receive Society publications and benefits, but do have the right to vote or hold elected office in the Society. Individuals applying for these membership categories can print an affiliate application at [www.ohioscpa.com/membership/memafftypes.html](http://www.ohioscpa.com/membership/memafftypes.html) or contact The Ohio Society office (800.686.2727).

**Student Affiliate** — College juniors, seniors and graduate students who have declared a major in accounting. Student Affiliates receive *Future CPA*, a special publication for students, as well as other Society publications.

Individuals applying for Student Affiliate status should request the appropriate application from The Ohio Society office (800.686.2727).

### Reinstatement of Previous Member

An individual who has previously been a member of The Ohio Society and wants to rejoin must apply for membership reinstatement rather than apply as a new member. To print a reinstatement application, go to [www.ohioscpa.com/membership/membership-reinstate.html](http://www.ohioscpa.com/membership/membership-reinstate.html) or contact The Ohio Society office (800.686.2727).

### New Member Dues

Candidates for membership in The Ohio Society of CPAs who hold a CPA certificate and are joining for the first time — (other than Successful exam candidates who are extended complimentary membership status), regardless of their membership category, will be extended a membership at no charge for the current membership year. Members will be invoiced at the start of their second membership year — May 1 — at their regular membership category dues rate.

### Application Submission

Candidates requesting reinstatement in The Ohio Society of CPAs must forward a completed application and payment to -

The Ohio Society of CPAs  
535 Metro Place South  
P.O. Box 1810  
Dublin, OH 43017-7810

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