



HAWAII SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
 900 Fort Street, Suite 850
 P.O. Box 1754 • Honolulu, Hawaii 96806
 Tel: (808) 537-9475 • Fax: (808) 537-3520 •
 hscpa@aloha.net

COMMITTEE AFFILIATE

Committee _____ Application Date _____

1. Name (Print) _____ M/F _____ Home Phone () _____
2. Residence Address _____
3. Name of Firm/Company _____ Business Phone () _____
 Address _____ Fax Number () _____
 _____ E-mail _____
4. Position / Title _____
5. Please indicate address to be used for mail: Residence _____ Business _____
6. Place of Birth _____ Date of Birth _____
7. Married: Yes () No () If married, spouse's name _____
8. HSCPA Committee Affiliation _____
9. University / College Attended _____
10. Membership in Professional, Civic or Social Organizations _____

11. **Applicant's Statement:** To the best of my knowledge and belief, the information contained herein is true and correct. If elected to Committee Affiliate membership, I agree to be governed by and comply with the Constitution and Bylaws of the HSCPA. I further understand that Committee Affiliate membership is a non-voting membership and that certain HSCPA member benefits may not be available to committee affiliates.

It is understood that my Committee Affiliate membership may continue as such only so long as I'm actively serving on a committee of HSCPA.

Signature _____ Date _____

12. **Committee Chair's Approval:**

Signature _____ Date _____

Print Name _____

**Initiation Fee of \$25.00
 must accompany application.**

**Optional: Submit photo
 preferably black & white.**

For HSCPA Office Use Only:			
Date Received	HSCPA No.	Board Approval	Committee Fee