



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

REGULAR

Resident Resident (Neighbor Island) Mainland International Reinstatement Reclassify

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. Employment Area: Public Accounting ___ Business & Industry ___ Education ___ Government ___ Other (specify) _____
6. Please indicate address to be used for mail: Residence _____ Business _____
7. Place of Birth _____ Date of Birth _____
8. For member benefit purposes: Married: Yes () No () If married, spouse's name _____
9. State of Original Certification _____ Certificate No. _____ Date Issued _____
10. Hawaii Certificate No. _____ Date Issued _____
11. University / College Attended and Degree(s) Earned _____
12. Membership in Professional, Civic or Social Organizations _____
AICPA Member No. _____

13. **Applicant's Statement:** To the best of my knowledge and belief, the information contained herein is true and correct. I also certify that I hold a valid and unrevoked certified public accountant certificate (or foreign country equivalent). If elected to membership, I agree to be governed by and comply with the Constitution and Bylaws of the HSCPA.

Signature _____ Date _____

Print name as you wish it to appear on membership certificate:

14. **Sponsor's Statement:** We are members in good standing of the HSCPA and personally acquainted with the applicant and recommend him/her for membership.

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

Initiation / Reinstatement fee
of \$25.00 must
accompany application.

Please submit a photograph,
preferably black & white
(optional).

For HSCPA Office Use Only:

Date Received

HSCPA No.

Board Approval

Verification