



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

## STUDENT

Application Date \_\_\_\_\_

1. Name (Print) \_\_\_\_\_ M/F \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_
2. Residence Address \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
E-Mail \_\_\_\_\_
3. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_
4. Currently Enrolled in College/University Attending \_\_\_\_\_
5. Major \_\_\_\_\_ Est. Graduation \_\_\_\_\_
6. Anticipated 1st CPA Exam Date \_\_\_\_\_
7. Current Employment \_\_\_\_\_
8. Membership in Student, Civic or Social Organizations \_\_\_\_\_
9. \_\_\_\_\_

10. **Applicant's Statement:**

To the best of my knowledge and belief, the information contained herein is true and correct. If approved for Student membership, I agree to be governed by and comply with with the Constitution and Bylaws of the HSCPA. I further understand that Student membership is a non-voting membership and that certain HSCPA member benefits (i.e., insurance programs) may not be available to students.

It is understood that my Student membership may continue as such only so long as I am enrolled in a college or university, and actively pursuing a degree in accounting.

Signature \_\_\_\_\_ Date \_\_\_\_\_

11. **Sponsor/Instructor's Statement:**

I am a member of the HSCPA and/or faculty member of the educational institution named above and personally acquainted with the applicant and hereby recommend him/her for Student membership.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Please submit a  
photograph, preferably  
black & white.

(Optional)

**For HSCPA Office Use Only:**

Date Received

HSCPA No.

Board Approval

Verification