



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 • info@hscpa.org

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 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 (annual verification required).

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

