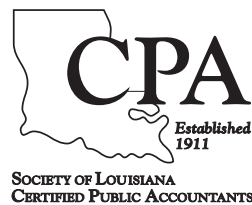


Society of Louisiana Certified Public Accountants
Student Membership Application



Society of Louisiana Certified Public Accountants

2400 Veterans Memorial Blvd. Suite 500

Kenner, LA 70062 • 800.288-5272 • 504.464.1040 • www.lcpa.org

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Society of Louisiana
Certified Public Accountants

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career has to offer.
Become an LCPA Student Member.

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The Direction & Guidance You Need to Succeed



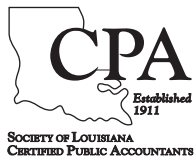
Whether you choose to work in public practice, private industry, government, non-profit, or education, the LCPA wants to be there for you from the very beginning. As a student member of the LCPA, you'll benefit from having a strong, professional organization behind you that offers the guidance and direction you need to build a bridge to your future.

Here's what you get for your \$10.00 annual student membership dues:

- \$300 Becker Tuition Discount off the full four-part course tuition of the Becker CPA Exam Review
- A digital subscription to *Lagniappe*—LCPA's member magazine
- Access to the LCPA's Job Referral and Résumé Service
- Affiliation with the state's premier organization of accounting professionals—looks great on your resume
- A professional staff at your fingertips ready to answer any questions you have about the CPA profession
- A free student member t-shirt

LCPA offers student membership to any student who is:

- Enrolled in a Louisiana university or college working towards the 150-hour requirement to become a CPA, or
- Enrolled in a CPA exam prep course, or
- Studying or sitting for the CPA exam



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LCPA Student Membership Application

Complete and return this form with your \$10.00 annual membership fee (payable by credit card or check).

Name: _____
Nickname: _____ Birth Date: _____
Primary Home Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Please send my mail to: Home School
Your t-shirt size: Small Medium Large X-Large

College Student

School Name: _____
School Residence Address: _____
School City/State/Zip: _____
I'm a: Freshman Sophomore Junior Senior
Expected Graduation Date: _____

College Graduate (studying/sitting for the CPA Exam)

Payment by credit card:

Visa  MasterCard  Discover Card  American Express 

Credit Card # _____
Expiration Date: _____ / _____ CVS# _____
Cardholder's Name as Printed on Card: _____
Address if different from above: _____
City/State/Zip: _____

Payment by check:

Send completed application form and \$10.00 annual membership fee by mail to:
LCPA 2400 Veterans Memorial Blvd., Suite 500, Kenner, LA 70062-4739.

I understand and agree that as a student member of the Society of Louisiana CPAs that I will be bound by the Society's code of conduct.

Any reference to your membership in the Society of Louisiana CPAs must clearly identify you as a student member. Any use of the student membership in a manner that is intended to mislead the public will result in the membership being revoked.

Signature _____