

The ARCPA is here for your success and your students' future.

The Arkansas Society of Certified Public Accountants is here to help!

The Arkansas Society of CPAs (ARCPA) is the premier association for CPAs, related to accounting professionals and accounting educators in Arkansas, and is dedicated to meeting the needs of educators through high-quality education, knowledge resources, and networking opportunities. We are committed to helping you fulfill your teaching responsibilities.

Member Benefits for College Educators

- Gain classroom tips, best practices and networking opportunities at the **Accounting Educators Conference**—a conference designed specifically for college educators and held each spring.
- **Resources for your students**, including information on internships and job opportunities available only to ARCPA members.
- **Access to CPAs who will speak to your students** about the accounting profession and attend your school's career fairs.
- **Scholarships for your students.** Each accounting department of an Arkansas four-year college or university offering an accounting degree shall be allowed to submit one (1) scholarship application for each qualifying faculty member who is a member in good standing of the Arkansas Society of CPAs.

Join Today

Join the premier community of Arkansas accounting professionals today! Your dues can be waived if you are full-time accounting faculty at an Arkansas college or university and actively participate in the ARCPA.

To join, complete and return the application on the reverse side. Apply today and take advantage of your ARCPA College Educator membership!

Arkansas Society of Certified Public Accountants

11300 Executive Center Drive

Little Rock, AR 72211-4352

www.arcpa.org



COLLEGE EDUCATOR MEMBERSHIP APPLICATION

Duplication is encouraged

Personal Information

Name _____
Please print First Middle Last

Title or Nickname _____

Male Female Date of Birth ____/____/____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____

Cell Phone _____

CPA Certificate # _____ Issue Date _____ State _____

AICPA Member No Yes # _____

Spouse Name _____

Preferred Mailing Address Home School

Preferred E-mail Address _____

Personal information is used for internal purposes only and will not be sold to outside sources.

Become a Member

Yes, I would like to apply for membership as an Educator, indicating that I am a full-time accounting faculty at an Arkansas college or university.

• **Take advantage of complimentary active membership by completing at least three of the following activities (check three or more):**

- Attend an ARCPA event (*excludes CPE*)
- Attend the ARCPA Educators Conference
- Join or serve on an ARCPA Committee or Task Force
- Participate in local chapter student events
- Distribute membership and scholarship information to your students (*ARCPA will send you materials to distribute*)
- Author an article for the ARCPA e-Newsletter or ARCPA Student Newsletter

• **I do not wish to actively participate but I want to pay for my membership.**

- \$255.00 Full Educator Membership (CPA Educator)
- \$125.00 Associate Educator Membership (Non-CPA Educator)
- \$25.00 Application Fee (*Required on paid membership*)
- Check enclosed for payment

(Make checks payable to the ARCPA and mail to:

**Arkansas Society of CPAs
11300 Executive Center Drive
Little Rock, AR 72211-4352)**

School Information

School Name _____

School Address _____

City _____ State _____ Zip _____

School Phone _____

School Fax _____

Job Title _____

Join Today!

Return your complete application with the payment or volunteer choice to the one of the following:

Email: membership@arcpa.org

Fax: 501-664-8320

Mail: ARCPA

11300 Executive Center Drive

Little Rock, AR 72211-4352

Phone: 501-664-8739 or Toll Free in AR 800-482-8739



Payment Information

VISA MasterCard American Express

Credit Card Number

CVV2 Code

Expiration Date

Signature

Date

Signature

Date

To the best of my knowledge the information contained herein is accurate. If elected to affiliate membership, I agree to be governed by the Bylaws of the ARCPA and its Code of Professional Conduct as well as to permit the ARCPA to contact me via phone, fax and e-mail as necessary.