



Virgin Islands Society of Certified Public Accountants
 P.O. Box 24418
 St. Croix, U.S. Virgin Islands 00824
 www.viscpa.org

Membership Application

Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

E-mail Address: _____

Phone Number: _____ Fax: _____

Permanent Residence

Physical Address: _____

City _____ State _____ Zip Code _____

Year of Birth: _____ Sex: M F Send Mail To: Home Office

Employer: _____

Office Address: _____

City _____ State _____ Zip Code _____

Phone Number: _____ Ext. _____ Fax: _____

CPA certificate issued by (Jurisdiction) _____ Number _____

Is dated _____ and is valid or unrevoked

Membership Qualifications:

Annual Dues: CPA \$75.00 Student \$15

I hold a valid and unrevoked certificate issued by the US Virgin Islands: Yes No

OR

I hold a valid and unrevoked certificate issued by any state or territory and I am a resident of the US Virgin Islands: Yes No

I am a member of the AICPA: Yes No

I agree to conform to the Articles of Incorporation and the Bylaws of the Virgin Islands Society of CPA's, Inc. I agree to observe the Rules of Professional Conduct of said Society. I have never been suspended or expelled from any professional organization which might have a bearing upon this application.

Signature: _____ Date: _____