



Connecticut Society of Certified Public Accountants
 716 Brook Street, Suite 100, Rocky Hill, CT 06067
 Phone: 860-258-4800 Fax: 860-571-6830

CSCPA CPE Subscriber Application

The CPE nonmember subscriber program is available at an annual fee of \$150.00, entitling individuals who do not qualify for membership in the CSCPA to attend CSCPA courses at the member discount fee for one year. Applicants will be required to certify that they are not eligible for membership in the categories described below. All applications must be signed by a firm sponsor (CPA with an active CT license). CPE Subscriber applications are subject to approval by the CSCPA.

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|---|--|
| 1. Are you a CPA within the state of CT or any other state? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you passed the CPA Exam? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you currently enrolled in an accounting degree program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Were you enrolled within the last five years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you the equivalent of a CPA in any country other than the United States? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

IF YOU HAVE ANSWERED YES to any of these questions, you are eligible to become a CSCPA member or pledge and you **should not** complete this application. For more information on CSCPA membership and to download a membership application, or apply online please visit www.cscpa.org/join.

Name _____ Phone _____
 Firm _____ Fax _____
 Address _____ Email _____
 City/ST/ZIP _____

\$150 annual subscription fee enclosed.
 Method of payment: Check (Payable to CSCPA)
 MasterCard/Visa/AmEx

Credit Card #: _____ Exp. Date _____
 Cardholder's Name _____
 Cardholder's Signature _____

By signing this application, I certify that I do not qualify to associate with the CSCPA as a Fellow, Associate, International, Affiliate, or Pledge.

Signature _____ Date _____
 Firm Sponsor's Signature _____ Date _____

Make check payable to CSCPA.
Mail together with this form to:
CSCPA - 716 Brook Street, Suite 100
Rocky Hill, CT 06067-3433
or FAX with credit card to: 860-571-6830

CSCPA Membership Categories

Fellow: A CPA with a certificate issued by the State of Connecticut.

Associate: A CPA whose certificate was issued by a state other than Connecticut and who has not achieved reciprocity.

International: Equivalent of a CPA in any country other than the United States.

Affiliate: A candidate who has passed all parts of the CPA examination but has not yet received a certificate from any state.

Pledge: A student who: is currently enrolled at an accredited college or university, accredited community college or accredited junior college; is taking accounting courses; and is a resident of Connecticut or is attending an accredited college, or university, accredited community college, or accredited junior college in Connecticut. Or a college graduate who: holds a bachelor's degree from an accredited college or university but is not currently pursuing the additional 30 credit hours required to sit for the CPA Exam; or is a candidate for the CPA Exam who has not yet passed the examination. A Pledge who holds a bachelor's degree from an accredited college or university may retain that status for a period of up to five years from the date that Pledge received his/her degree.

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