



ISA Membership Application

Indiana Society of Accountants
PO box 3035 Carmel, IN 46082

Name _____
Last First Middle

Firm/Company _____

Street _____

City _____ State _____ Zip _____

Phone(____) _____ Fax(____) _____

Send Mailings to : office _____ Home _____ Date of Birth _____

Home address _____

City _____ State _____ Zip _____

Home phone _____ Email _____

ISA Member Sponsor _____

Class of Membership for which currently qualified (and dues per year)

Check (all that apply) ___ PA ___ AP ___ CPA ___ EA ___ ACAT Accredited

___ Tax Professional ___ Other

___ Senior \$200 ___ Affiliate \$160 ___ Associate \$160 ___ Retired \$39

please send membership fee with application- to address below-

ISA Cindy Bogan 11903 E Welland St Ste B Indianapolis, IN 46229

Desiring to become a member of the Indiana Society of Accountants, I hereby make application for membership and if accepted, will abide by its Constitution, Bylaws, Code of Ethics and Rules of Professional Conduct.

Applicant's signature _____

Date _____

For ISA Use Only:

Application sent to Chapter (date) _____

Approved by Chapter _____

Attest (Chapter Secretary) _____ Date _____

Approved by State Membership Committee

Attest (Chairman) _____ Date _____