

ISA Membership Application

Indiana Society of Accountants
612 Roosevelt Road Walkerton, IN 46574

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 \$100 ___ Affiliate \$80 ___ Associate \$80 ___ Retired \$39

please send membership fee with application- to address below-

Richard Parker 612 Roosevelt Rd Walkerton, IN 46574

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