

APPLICATION FOR STUDENT AFFILIATE MEMBERSHIP

The NESCPA Student Affiliate membership is available to full- or part-time students enrolled in an accounting program at a Nebraska college or university.

Please complete the following information and submit to lori@nescpa.org.

First Name	Middle Initial	Last Name
Date of Birth		☐ Male ☐ Female
Home Address		
City	State	Zip
Cell Phone	Email	
College or University Currently Attending _		
Major		
Anticipated Graduation Date		
-	•	ect to the best of my knowledge and belief, f professional conduct of the Society.
SIGNED		

