Member ID: _____

New Member Enrollment Application

Please complete both sides.

National Society of Accountants for Cooperatives

136 South Keowee Street * Dayton, OH 45402
Phone: 937.222.6707 * Fax: 937.222.5794
info@nsacoop.org * www.nsacoop.org * www.nsac.coop

Name (First/Middle/Last): _____

Salutation (name you prefer to be called by if different from above): _____

I was referred to NSAC by (member name) _____

Chapter(s) I want to join (refer to next page): _____

I prefer correspondence to go to my: ☐ Firm Address ☐ Home Address Are you a former member of NSAC? ☐ Yes ☐ No

Company Information:

Job Title _____

Firm Name _____

Mailing Address, City, State, Zip, Country: _____

_____

Package Address (Street, City, State, Zip) for FEDEX, UPS, etc. if different from above address:

_____

Work Phone + extension: _____ Fax: _____ Toll free number: _____

Email: _____ Web: _____

CEO or General Manager's Name: _____

Home Information: *We do not give this information to other members or to non-members without your permission. We need this information in case we are unable to reach you at your firm or you leave your form and we can't get a forwarding address from them. It will not be accessible to others on the website unless it is the only address you give us or it is your preferred address for mailings.*

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Professional Information Are you a CPA? ❑ Yes ❑ No

Number of years in a cooperative activity or providing professional support to a cooperative activity: _____

Other relevant professional certifications: _____

Demographic Information (optional) Birth date: _____ ❑ Male ❑ Female

	Name of School	City/State	Degree and Year
1.			
2.			

Each application **MUST** be accompanied by a **check or charge for both (1) national and (2) chapter[1] dues.** Dues are non-refundable.
[1]*Retired members are not required to pay chapter dues.*

Check enclosed $ _____ ❒ Charge $ _____ to my: ❒ Visa ❒ MasterCard ❒ AMEX

Card #: _____ Exp: _____ Cardholder Signature: _____

Print name on credit card _____

Credit card billing address: ☐ Firm Address ☐ Home Address Other: _____

Signature: _____ Date: _____

Approval of this application is subject to final endorsement by the Executive Board.

Membership Types

All memberships are individual memberships and are not transferable.

REGULAR: To be eligible for regular membership, an individual shall be employed by or affiliated with a cooperative association, be engaged in providing professional services for cooperatives, or shall otherwise be engaged in the furtherance of cooperative principles. The national annual membership service fee is **$150.00** and covers 1 year of membership from the date enrolled. NSAC membership dues must include payment of national membership service fees *plus* applicable chapter dues (listed below).

RETIRED: To be eligible for retired membership, an individual must have a minimum of five years active membership in good standing, have reached age 55, and be retired from active business under provisions of a formal retirement plan or through amicable arrangement with his or her employer which results in a complete serverance or material reduction in compensation, or have retired because of permanent disability. The national membership service fee is **$50**; there are no chapter dues required.

CHAPTER MEMBERSHIP AND DUES

Chapter membership is required as a condition of membership in NSAC. Twelve chapters have been organized using state boundaries as set forth below. Members usually affiliate with the chapter covering the state in which they live or work. However, NSAC recognizes that for professional, geographic or other reasons members may prefer to affiliate with a different chapter or with more than one chapter.

Dues are assessed on the basis of all chapters chosen. Please designate on page 1 the chapter(s) in which you want to hold membership. If no choice is made, a chapter assignment will be made based on address. *If joining more than one chapter, the first chapter listed on page 1 will be considered your primary chapter for voting purposes.*

CHAPTERS AND CHAPTER DUES

Capitol (DC, DE, MD, PA, PR, VA, WV)	$ 20
Electric Cooperative (nation-wide)	$ 25
Far Western (AZ, CA, HI, NV, UT)	$ 20
Great Lakes (MI, WI)	$ 10
Mid-Central (IN, KY, OH, TN)	$ 5
Mid-West (CO, KS, NE, NM, OK)	$ 10
Mississippi Valley (AR, IA, IL, MO, MS)	$ 10
North Central (MN, ND, SD)	$ 10
Northeast (CT, MA, ME, NH, NJ, NY, RI, VT)	$ 10
Pacific Northwest (AK, ID, MT, OR, WA, WY)	$ 20
South Atlantic (AL, FL, GA, NC, SC)	$ 30
Texas (LA, TX)	$ 10

OCCUPATIONS *(check the box which applies)*

If 'Other,' please specify your occupation.

- Accountant or Auditor - General
- ☐ Accountant – Tax
- ☐ Association Management
- ☐ Attorney
- ☐ Bookkeeper
- ☐ CEO/COO
- ☐ CFO/Treasurer/Controller
- ☐ Consultant
- ☐ Educator
- ☐ Financial Officer or Advisor
- ☐ Information Technology
- ☐ Management
- ☐ Marketing
- ☐ Other:_____

☐ Retired

CO-OP TYPE *(Check the box which applies; if not a cooperative, check the last box.)*

- ☐ Agricultural Marketing
- ☐ Banking/Financial Services
- ☐ Distribution/Logistics
- ☐ Education/Childcare
- ☐ Energy, Electric Distribution
- ☐ Energy, Electric Power Supply
- ☐ Energy, State-Wide Associations
- ☐ Energy, Other: _____
- ☐ Farm Supplies & Services
- ☐ Grocery, Retail or Wholesale
- ☐ Franchise
- ☐ Funeral & Memorial Societies
- ☐ Hardware/Lumber
- ☐ Healthcare
- ☐ Housing & Related Industries
- ☐ Information Technology
- ☐ Insurance
- ☐ Marketing, Other: _____
- ☐ Purchasing, Other: _____
- ☐ Service, Other: _____
- ☐ Telephone & Communication
- ☐ Transportation
- ☐ Other: _____
- ☐ *Not a cooperative*

WHERE ARE YOUR FIRM'S CUSTOMERS?

- ❑ Local (county and/or surrounding counties)
- ❑ Regional (state and/or surrounding states)
- ❑ Nationwide
- ❑ International