



**American  
Accounting  
Association**

## 2016-2017 Student Membership Application

(Membership year: September 1, 2016 - August 31, 2017)

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
First Middle Last

College/University: \_\_\_\_\_ Mailing Address: ☐ Home ☐ School

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### 2016-2017 Dues

(required)

Type of Membership:

- ☐ Undergraduate  
☐ Masters Accounting  
☐ Masters Other  
☐ Doctoral

(Includes an electronic subscription to *The Accounting Review*, *Accounting Horizons*, & *Issues in Accounting Education*)

**Student** ☐ \$50

*The Accounting Review* print copy ☐ \$45

*Accounting Horizons* print copy ☐ \$25

*Issues in Accounting Education* print copy ☐ \$25

**Total Dues \$** \_\_\_\_\_

### Segment Dues

- Accounting Behavior and Organizations (*BRIA* online) ☐ \$6  
Accounting Information Systems (*JIS* online) ☐ \$6  
American Taxation Association (*JATA & JLTR* online) ☐ \$6  
Auditing (*AJPT* online) ☐ \$6  
Diversity ☐ \$6  
Financial Accounting and Reporting (*JFR* online) ☐ \$6  
Forensic Accounting (*JFAR* online) ☐ \$6  
Gender Issues and Worklife Balance ☐ \$6  
Government and Nonprofit (*JOGNA* online) ☐ \$6  
International Accounting (*JJAR* online) ☐ \$6  
Management Accounting (*JMAR* online) ☐ \$6  
Public Interest (*API* online) ☐ \$6  
Strategic and Emerging Technologies (*JETA* online) ☐ \$6  
Teaching, Learning and Curriculum ☐ \$6  
Two-Year College ☐ \$6

**Total Segment Dues \$** \_\_\_\_\_

## Payment Summary

2016-2017 Dues (required) \$ \_\_\_\_\_

Segment Dues \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

## Payment Method

☐ Check (payable to: American Accounting Association) ☐ American Express ☐ MasterCard ☐ VISA (NOTE: we do NOT accept other credit cards.)

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Billing Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Signature \_\_\_\_\_