

**2009-2010 STUDENT MEMBERSHIP RENEWAL**

(Membership year: September 1 through August 31)

**American Accounting Association**

5717 Bessie Drive • Sarasota, Florida 34233-2399

Phone: (941) 921-7747 • Fax: (941) 923-4093 • Email: [info@aaahq.org](mailto:info@aaahq.org)

Please enroll me as a student member of the American Accounting Association. Indicate your choice below:

- One-Journal Option (online only):** (Please check one) .....\$25.00  
 *Accounting Review*  *Accounting Horizons*  *Issues in Accounting Education*
- Two-Journal Option (online only):** (Please check two) .....\$35.00  
 *Accounting Review*  *Accounting Horizons*  *Issues in Accounting Education*
- Three-Journal Option (online only)**..... \$45.00

**OPTIONAL SECTION MEMBERSHIP DUES**

Accounting, Behavior & Organizations (includes online journal access to BRIA).....	\$6.00	_____
American Taxation Association (includes online journal access to JATA and JLTR).....	\$6.00	_____
Auditing (includes online journal access to AJPT and CIIA).....	\$6.00	_____
Diversity.....	\$6.00	_____
Financial Accounting and Reporting .....	\$6.00	_____
Forensic and Investigative Accounting .....	\$6.00	_____
Gender Issues in Accounting .....	\$6.00	_____
Government and Nonprofit .....	\$6.00	_____
Information Systems (includes online journal access to JIS).....	\$6.00	_____
International Accounting (includes online journal access to JIAR).....	\$6.00	_____
Management Accounting (includes online journal access to JMAR).....	\$6.00	_____
Public Interest (includes online journal access to API).....	\$6.00	_____
Strategic and Emerging Technologies (includes online journal access to JETA).....	\$6.00	_____
Teaching, Learning and Curriculum.....	\$6.00	_____
Two-Year College .....	\$6.00	_____
Total amount of Section Dues .....	\$	_____

**TOTAL AMOUNT DUE**..... \$ \_\_\_\_\_

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

School/University: \_\_\_\_\_ Certifying Faculty: \_\_\_\_\_

Program:  Undergraduate  Masters - Accounting Area  Masters - other  DoctoralPreferred Mailing Address ( Home  Work): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Please check one:  Check enclosed  Charge my Visa/MasterCard

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Credit Card Billing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_