



ASSOCIATE (STUDENT) MEMBER — 2012-2013 Membership Renewal

(Membership year: September 1, 2012 - August 31, 2013)

Profile Information

(required)

First: _____ Middle: _____ Last: _____
 Preferred Name: _____ AAA Member ID # _____ (if known)
 School: _____
 Mailing Address: Home School _____
 City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
 School Phone: _____ Fax: _____ Cell Phone: _____ Email: _____
 IMPORTANT: Check here if any of the above information is new.
 Gender: Male Female

PANEL A: 2012-2013 AAA Associate (Student) Membership Dues

(required)

Type of Membership: All Three Online Journals: *Review, Horizons, and Issues* \$35\$ _____
 Undergraduate
 Masters Accounting
 Masters Other
 Doctoral
Total Associate (Student) Membership Dues\$ _____

PANEL B: 2012-2013 Interest Section Membership Dues

(optional)

Please indicate Interest Section options desired (check all that apply):
 Accounting Behavior and Organizations (includes electronic access to *BRIA*) \$6\$ _____
 American Taxation Association (includes electronic access to *JATA* and *JLTR*) \$6\$ _____
 Auditing (includes electronic access to *AJPT*) \$6\$ _____
 Diversity \$6\$ _____
 Financial Accounting and Reporting \$6\$ _____
 Forensic and Investigative Accounting \$6\$ _____
 Gender Issues and Worklife Balance \$6\$ _____
 Government and Nonprofit \$6\$ _____
 Information Systems (includes electronic access to *JIS*) \$6\$ _____
 International Accounting (includes electronic access to *JJAR*) \$6\$ _____
 Management Accounting (includes electronic access to *JMAR*) \$6\$ _____
 Public Interest (includes electronic access to *API*) \$6\$ _____
 Strategic and Emerging Technologies (includes electronic access to *JETA*) \$6\$ _____
 Teaching, Learning and Curriculum \$6\$ _____
 Two-Year College \$6\$ _____
Total Interest Section Membership Dues\$ _____

PANEL C: Payment Due

(required)

Associate (Student) Membership Dues (from panel A) \$ _____ (required)
 Section Membership Dues (from panel B) \$ _____
TOTAL PAYMENT ENCLOSED \$ _____

PANEL D: Payment Method

(required)

Check (payable to: American Accounting Association) VISA MasterCard (NOTE: we do NOT accept other credit cards.)
 Card Number _____ Exp. Date _____
 Name on card: _____
 Billing Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
 Signature _____