

2009-2010 STUDENT MEMBERSHIP APPLICATION

(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

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 BRJA).....	\$6.00	_____
American Taxation Association (includes online journal access to JATA & JLTR).....	\$6.00	_____
Auditing (includes online journal access to AJPT and CIJA).....	\$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 (membership year is September 1 through August 31) \$ _____

First Name: _____ Middle Name: _____ Last Name: _____

School/University: _____ Certifying Faculty: _____

Program: Undergraduate Masters - Accounting Area Masters - other Doctoral

Preferred 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: _____