

2019–2020 Student Membership Application (Membership Year: September 1, 2019–August 31, 2020)

First Middle Last Conversity/Company:	Name:			Preferred Name:			
Rank:	First	Middle		Last			
Mailing Address:							
City: State/Province: Zip/Postal Code: Country: Phone	Rank:Title(s)/Role(s):			Email:			
City: State/Province: Zip/Postal Code: Country: Phone	Mailing Address: ☐ Home ☐ World	k					
Section Dues Sect	City:	State/Province:		Zip/Postal Code:	Country:		
Type of Membership: Undergraduate Section Dues	Phone:	Fax:			Cell:		
Type of Membership:	IMPORTANT: ☐ Check here if any	y of the above inform	ation is new.				
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Masters Accounting Accounting Behavior and Organizations. \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$	Type of Membership:						
Masters Other	Undergraduate						
Auditing	☐ Masters Accounting			Accounting Information Systems			
Diversity Great	■ Masters Other						
Membership includes electronic subscriptions to The Accounting Review, Accounting Horizons, and Issues in Accounting Education. In addition, all AAA Section Journals are available online to all members through the Digital Library. Student Membership	☐ Doctoral						
Review, Accounting Horizons, and Issues in Accounting Education. In addition, all AAA Section Journals are available online to all members through the Digital Library. Student Membership	Membership includes electronic sul	hscrintions to <i>The A</i>	counting	Financial Accounting	and Reporting	🗖	\$6
In addition, all AAA Section Journals are available online to all members through the Digital Library. Student Membership	Review, Accounting Horizons, and Issues in Accounting Education.						
Student Membership			e to all	Government and Nor	nprofit	🗆	\$6
Student Members hip. \$100 Public Interest. \$100 Public Interest. \$100 \$1	members unough the Digital Librar	y.					
Members may add the following optional print copies of AAA Association-Wide Journals The Accounting Review print copies	Student Membership		□ \$100	Public Interest		🗆	\$6
Accounting Horizons print copies	Accounting Horizons print copies□ \$45			Teaching, Learning a	nd Curriculum	🗖	\$6
Contact permission (required) Please visit http://aaahq.org/privacy to read our Privacy Policy and Terms & Conditions The AAA will periodically send email communications to members regarding upcoming meetings, Section and Region news, and announcements. At any time, you may unsubscribe or opt-out of receiving emailed offers and services. Please answer each of the following two questions: 1. AAA offers and services subscription—I would like to receive emails from the AAA about offers and services. You may unsubscribe from marketing emails at any time. U yes U no No 2. Third party subscription—I would like to receive emails from trusted third-party partner organizations (sponsors and exhibitors). You may unsubscribe from marketing emails at any time. U yes No Payment Summary and Method Payment Summary: Check (payable to: American Accounting Association) American Express MasterCard VISA (NOTE: We do NOT accept other credit cards) Card Number Exp. Date: Name on Card: Billing Address: City: State/Province: Zip/Postal Code: Country:				Total Section Dues \$			
The AAA will periodically send email communications to members regarding upcoming meetings, Section and Region news, and announcements. At any time, you may unsubscribe or opt-out of receiving emailed offers and services. Please answer each of the following two questions: 1. AAA offers and services subscription—I would like to receive emails from the AAA about offers and services. You may unsubscribe from marketing emails at any time. I yes I No 2. Third party subscription—I would like to receive emails from trusted third-party partner organizations (sponsors and exhibitors). You may unsubscribe from marketing emails at any time. I yes I No Payment Summary and Method Payment Summary: 2019–2020 Dues (required)		Total Dues \$					
Payment Summary: 2019–2020 Dues (required)\$ Section Dues (optional)\$ TOTAL DUE: \$ Check (payable to: American Accounting Association) American Express MasterCard VISA (NOTE: We do NOT accept other credit cards) Card Number Exp. Date: Name on Card: Billing Address: City: State/Province: Zip/Postal Code: Country:	The AAA will periodically send ema announcements. At any time, you r two questions: 1. AAA offers and services subscrip any time. □ Yes □ No 2. Third party subscription—I would	il communications to may unsubscribe or o tion—I would like to red like to receive emails t	o members record members record to members record to members record members recor	garding upcoming mee iving emailed offers ar m the AAA about offers a	etings, Section and Region news, and nd services. Please answer each of the and services. You may unsubscribe from marke	ting emai	ils at
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