American Accounting Association

2017-2018 Student Membership Application

(Membership year: September 1, 2017 - August 31, 2018)

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

College/University: _____ Mailing Address: ❑ Home ❑ School

Street: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

2017-2018 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.* In addition, the online journals of *Accounting and the Public Interest*, *Journal of Emerging Technologies in Accounting*, and the *Journal of Information Systems* are inlcuded for all members.

Student	❑ $50
The Accounting Review print copy	❑ $45
Accounting Horizons print copy	❑ $25
Issues in Accounting Education print copy	❑ $25

Total Dues $_____

Segment Dues

Academy of Accounting Historians (*AAHJ* online)	❑ $6
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 (*JIAR* 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

2017-2018 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 _____

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