



Chinese American CPA Association (CACPAA)

A Non-profit Organization

Student Membership Application / Information Update

www.cacpaa.com

Last Name: _____ First Name: _____

Chinese Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ Cell: _____

E-mail: _____ WeChat ID (if applicable): _____

LinkedIn address (if applicable): _____

School Name: _____

School Year: Freshman Sophomore Junior Senior Master PhD

Expected Graduation Date (Month/Year): _____

Major (please check all that applies):

Accounting Finance Economics Taxes Audit Business Management IT/Software

Legal or

Other: _____

Opt Out - I do not wish to be included in the CACPAA online searchable data base.

Applicant Signature: _____ Date: _____