

# Accounting Association

University of California, Santa Barbara

## MEMBERSHIP REGISTRATION FORM

Check One Only:

New Member:

Renewing:

Address Change:

Name:

\_\_\_\_\_

Last

First

MI

Local

Address:

\_\_\_\_\_

Number

Street

Apt. #

City

State

Zip

Phone Number

Permanent

Address:

\_\_\_\_\_

Number

Street

Apt. #

City

State

Zip

Phone Number

Class Level:

FR:

SO:

JR:

SR:

E-mail:

\_\_\_\_\_

Graduation Date:

\_\_\_\_\_

Quarter

Year

Periodically, recruiters will ask for the Names and Contact Information (phone, local address, and email) of Accounting Association members. Please indicate by marking the appropriate box below whether you would like your name and contact information released to recruiters upon request.

I **DO** authorize the Accounting Association to release my name and contact information to recruiters upon request.

I **DO NOT** authorize the Accounting Association to release my name and contact information to recruiters upon request.

**Dues are \$10.00 for one (1) quarter or \$25 for three (3) quarters**  
**Checks Only - Cash will NOT be accepted!**

Please place your completed form with check (**payable to the Accounting Association**) in the Associations DROP BOX located in Career Connections, North Hall 2119, M-F 9:30am-12pm or to a meeting. If you have any questions, contact an Accounting Association officer.

**\*\*I have read and understand the Blacklisting Policy, stating that I must cancel three days or 72 hours before an event begins via email to a designated officer. Failure to cancel in due time will result in being blacklisted and I will be suspended from attending the following two (2) events which will carry into the next quarter. (See [www.econ.ucsb.edu/~aawwww](http://www.econ.ucsb.edu/~aawwww) for more details). I also understand that I must be a paid member to be able to sign up for and attend events.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Administrative Use Only

Amount Received:

\_\_\_\_\_

Paid

Through:

\_\_\_\_\_

Quarter

\_\_\_\_\_

Year

Received

By:

\_\_\_\_\_