



NEBRASKA SOCIETY OF
Certified Public Accountants
 www.nescpa.org | 402-476-8482

NESCPA LEADERSHIP ACADEMY ENROLLMENT FORM

LEADERSHIP CANDIDATE INFORMATION

First Name _____ Middle Initial _____ Last Name _____
 Date of Birth _____ Male Female
 Employer _____
 Job Title _____ Email _____
 Work Address _____
 City _____ State _____ Zip _____
 Phone – Work _____ Phone – Cell _____
 Society Member Society Non-Member CPA Society Non-Member Working Under the Direction of a CPA

PAYMENT INFORMATION

A \$500 deposit is due with enrollment; the remaining \$2,500 enrollment fee is due by October 31, 2019.

Method of Payment: Credit Card (MC/Visa/AmEx/Disc) Check Enclosed – Payable to Nebraska Society of CPAs
 Credit/Debit Card #: _____ Exp. Date: _____ CVV Code: _____
 Cardholder Name: _____ Amount: _____
 Billing Address: _____ City, State & Zip: _____

I would like to enroll in the NESCPA Leadership Academy and agree to be governed by the bylaws and rules of professional conduct of the Society. I will make every attempt to attend all Leadership Academy sessions.

SIGNED _____

Please complete, sign, and return with your deposit to:

Nebraska Society of CPAs
 635 South 14th Street, Suite 330
 Lincoln, NE 68508
society@nescpa.org

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