



# MAPA 2023-2024 Student Application

## Membership Information

Name: \_\_\_\_\_

Email \_\_\_\_\_

### Student Membership,

I am a:  Freshman  Sophomore  Junior  Senior  Graduate Accounting Student

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_

School/Firm/Company \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_

What is your preferred address?  Home  School/Firm/Company

Please send the following to MAPA:

- Membership application

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Membership is open to students in an accounting program. Your membership will be honored for up to four years from your enrollment date with MAPA.

**Student \$0/yr**

## INFORMATION/BENEFITS

The Minnesota Association of Public Accountants can help you gain a competitive edge in today's job market. Student membership in MAPA gives you substantial discounts on CPE seminars, networking opportunities, member publications, employment information, and other valuable benefits.

## BENEFITS

### Networking Opportunities

Meet accounting professionals and participate in Association activities. A great way to meet important contacts.

### Discounted Registration Fees

Applies to all MAPA sponsored CPE seminars.

### MAPA Scholarship Foundation

Who can apply? College students majoring in accounting who are going to be starting their junior or senior year. Contact MAPA for an application or find the application online at [www.mapa-mn.com](http://www.mapa-mn.com).

### Information Resources

Includes the MAPAN, the MAPA newsletter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Region: \_\_\_\_\_

Please attach a separate sheet for any additional comments or explanations.

### Payment Information (If paying by credit card, all of the following fields are required.)

Check enclosed (Payable to MAPA) or Credit Card:  Visa  MasterCard

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Cardholder Phone Number ( ) - \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Billing Address (same as above)  Other:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Return Application and Payment to:

The Minnesota Association of Public Accountants (MAPA)

Address: PO Box 301 Big Lake, MN 55309

Phone: 612-366-1983

Email: [info@mapa-mn.com](mailto:info@mapa-mn.com) or [enebben@vidmanagementllc.com](mailto:enebben@vidmanagementllc.com)

**PCI Compliance:** MAPA has taken the appropriate steps to maintain PCI compliance. In order to protect your privacy, please do not email your credit card information to our office.

Amount from Above	\$ _____
Voluntary Contribution to Scholarship Fund	\$ _____
<b>GRAND TOTAL</b>	\$ _____

(For office use only)

initials	fin.
date	
CK/CC	
amt. paid	
bal. due	