



Society of Louisiana
Certified Public Accountants
2400 Veterans Memorial Blvd., Suite 500
Kenner, LA 70062-4739

Individual Registration Form

Name: _____

Firm/Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: () _____

Email (required) _____ New email?

Please check if new address

Are you an LCPA Member? Yes No

If you are not an LCPA Member, please answer the following questions.

Are you a CPA? Yes No

If no, is a member of your firm/employer an LCPA member? Yes No

If yes, please list LCPA Member name: _____

Are you a member of another state CPA society? Yes No

If yes, please list state society: _____

Visa MasterCard Discover Card American Express

Credit Card # _____

Expiration Date: ____/____ CVS# _____

Cardholder's Name as Printed on Card: _____

Address: _____ City: _____ State: ____ Zip: _____

ADA Notice: Let us know at least 10 days prior to the event if alternate arrangements are required.