



ALL INDIA FEDERATION OF TAX PRACTITIONERS

(Registered with Registrar of Society, Charity Commissioner & Income Tax Authorities)

Regd. Office : 215, Rewa Chambers, 31, New Marine Lines, Mumbai 400 020.

Tel.: 22006342 • Telefax: 22006343 • E-mail: aiftp@vsnl.com • Website: www.aiftponline.org

Library : Mahalaxmi Chambers, Income Tax Office, 2nd Floor, Mumbai 400 034.

Photo

MEMBERSHIP ENROLMENT FORM

To
The Secretary General, AIFTP

Date : _____

Dear Sir,

I hereby apply to enrol me as **Life Member** of "ALL INDIA FEDERATION OF TAX PRACTITIONERS."

I declare that I am practising as a Advocate/Chartered Accountant/Tax Practitioner since _____.

I enclose herewith Cash/Cheque/Draft for **Rs. 2,900/-** being Life Membership Fee Rs. 2,500/- and Yearly Journal subscription Rs. 400/- / for **Rs. 3,500/-** being Life Membership Fee Rs. 2,500/- and Three years journal subscription Rs. 1,000 (April to March)

I furnish hereunder full particulars :

1. Name of Member

(a) Surname

Mr./Mrs./Miss

(b) Name

(c) Father's/Husband's Name

2. Personal Data

(a) Date of Birth

(b) Qualifications

(c) Enrolment/Membership
Number of*

(d) Specialisation

Bar Council _____ ICAI/CWA _____

ITP/STP _____ Other (specify) _____

_____ (e) Blood Group _____

3. Office Address

Tel No. with STD Code

Fax No.

E-Mail ID

4. Residential Address

Tel No. with STD Code

Fax No.

5. Communication to be sent at

Office Residence

Name of the Association

Membership No.

6. Member of other

Professional Associations

7. Proposed by member of AIFTP:

Name _____

Address _____

* Please enclose self attested copy of enrolment/registration being proof of qualification.

I hereby declare that the above information is true and correct. I undertake to abide by the Constitution, Code of Ethics and Rules and Regulations of the Federation and its amendments from time to time.

Note: Cheque to be drawn in the name of **All India Federation of Tax Practitioners.**

Outstation members are requested to send Membership Fee/subscription by DD only.

Signature

For Office use only

Membership No. _____ Accepted at Meeting held at _____ Amt. Recd. by _____ Date
Receipt No. _____ Deposited in Bank on _____

President / Secretary General / Treasurer

Zonal Chairman/Secretary