



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.

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

Bar Council _____ ICAI _____

Number of

Commissioner of IT/ST _____

(d) Specialisation

(e) Blood Group

3. Office Address

 Pin Code

State

Tel No. with STD Code

Fax No.

 Mobile No.

E-Mail ID

4. Residential Address

 Pin Code

State

Tel No. with STD Code

Fax No.

 Website

5. Communication to be sent at

Office Residence

Name of the Association _____

Membership No. _____

6. Member of other

Professional

a) _____

Associations

b) _____

c) _____

7. Proposed by member of AIFTP:

Name _____

Address _____

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