



Estate and Taxation Planning Council New Zealand Inc

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Milford
AUCKLAND 0741
(09) 410 6155

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MEMBERSHIP APPLICATION

1. Name: _____
2. Occupation/Title: _____
Business Name: _____
and Address: _____
Telephone (Bus): _____
E-mail Address: _____

Note: The information provided above will be used to introduce you in our newsletters as a new member, and for circulation to other members, including adding your details to the Council's website. If you do not wish the Council to publish your details, please advise:

YES Please Publish

No Please do not Publish

3. I am a member of good standing of the _____
_____ (Professional Association)
4. I have been actively engaged in Estate and/or Taxation Planning for _____
years, in my capacity as a _____ (Designation)
in _____ (Name of Firm or Company)
5. Previous Employment History: _____

6. Additional achievements or other special areas of interest (eg. publications, memberships in other organisations) _____

7. Nominated by: Name: _____ Signature: _____
Seconded by: Name: _____ Signature: _____

(The Nominator must be of the same profession as the applicant, and both the Nominator and Seconder must be current members of the Estate and Taxation Planning Council.)

Signature

Date

Privacy Act 1993 Disclosure - This application includes personal information supplied by you, which may be used by the Estate and Taxation Planning Council New Zealand Incorporated to further the relationship between you and the Council. This includes the provision of brochures, newsletters and other notices that may be of interest to you.

Objects of Council: To promote a better inter-relationship between professionals involved in Estate and Taxation Planning