



# Estate and Taxation Planning Council New Zealand Inc

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## MEMBERSHIP APPLICATION

1. Name : \_\_\_\_\_
2. Occupation/Title : \_\_\_\_\_
- Business Name : \_\_\_\_\_
- and Address : \_\_\_\_\_
- Home Address : \_\_\_\_\_
- Telephone (Bus) : \_\_\_\_\_ Fax: \_\_\_\_\_
- E-mail Address : \_\_\_\_\_
- Correspondence to : BUSINESS \*\* HOME \*\* (tick one)

Note The information in questions 2-6 will be used to introduce you in our newsletter as a new member, and for circulation to our other members, unless you ask us not to publish it.

YES Please publish

NO Please do not publish

2. I am a member of good standing of the \_\_\_\_\_ (Professional Association)

3. 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)

4. Previous Employment history \_\_\_\_\_

5. Additional achievements or other special areas of interest (e.g.: publications, memberships in other organisations) \_\_\_\_\_

6. Nominated by: (Signature) \_\_\_\_\_ Name: \_\_\_\_\_

Seconded by: (Signature) \_\_\_\_\_ Name: \_\_\_\_\_

(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 and Place

### 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 the Council: To promote a better inter-relationship between professionals involved in Estate and Taxation planning.