



# TELANGANA TAX PRACTITIONERS' ASSOCIATION

Regn .No 494/2002

# 237-239, 5-9-299, Suryalok Complex, Gunfoundry, Hyderabad - 50001.

Email : ttpa2002@gmail.com, Website: www.ttpa.co.in

PHOTO

## MEMBERSHIP APPLICATION FORM

I desire to enroll my self as a Life Member of the Association, I furnish the following information here under:-

NAME IN FULL (IN BLOCK LETTERS) : \_\_\_\_\_

FATHER'S NAME : \_\_\_\_\_

ADDRESS : OFFICE : \_\_\_\_\_

RESIDENCY : \_\_\_\_\_

TELEPHONE NO. : M \_\_\_\_\_ OFF \_\_\_\_\_ R \_\_\_\_\_

EMAIL ID : \_\_\_\_\_

QUALIFICATIONS : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

### MEMBERSHIP OF OTHERS

ASSOCIATION / INSTITUTIONS : \_\_\_\_\_

PLEASE SPECIFY, WHETHER : ADVOCATE / GSTP/ ITP

ENROLMENT NO. & DATE : \_\_\_\_\_

ANY OTHER INFORMATION

DESIRED TO BE FURNISHED : \_\_\_\_\_

I am paying herewith an amount of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_

only) in cash/Cheque / Draft No \_\_\_\_\_

Date \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_

towards life membership and enrolment fee of Rs \_\_\_\_\_ Please enroll me as a member of the Association. I enclose herewith copy of enrolment Certificate (ADVOCATE/ GSTP/ ITP) and undertake to abide by the Bye-laws of the Telangana Tax Practitioners Association, Hyderabad.

I hereby declare that the above information is true and correct to the best of my knowledge

INTRODUCED BY

SIGNATURE OF THE APPLICANT

DATE: \_\_\_\_\_

### ( FOR OFFICE USE ONLY)

Sri \_\_\_\_\_ has been admitted / not admitted as a life Member of this Association at the Governing Council meeting held on \_\_\_\_\_

SECRETARY

PRESIDENT

### MEMBERSHIP TERMS

- 1) Any person qualified to practice as a Indirect Tax / Income Tax Practitioner / Advocate is eligible to become as member of this Association. In particular the person should be original side Practitioner.
- 2) Life Membership Fee Rs. 2500/-
- 3) Membership Enrolment Fee Rs. 100/-

Note: All Cheques / Drafts should be drawn in favour of " **TELANGANA TAX PRACTITIONERS ASSOCIATION** "