

Signature

P O Box 31-288 Milford Auckland 0741 contact@etpc.co.nz

| | | MEMBE | RSHIP APPLICATION | |
|---------|---|----------------------|---|---------------------------|
| 1. | Name: | | | |
| 2. | Occupation/Title: | | | |
| | Business Name: | | | |
| | and Address: | | | |
| | Telephone (Bus): | | | |
| | Email Address: | | | |
| | | | uce you as a member, keep you informed on se confirm if you wish your name and firm pu | |
| | YES Please Publish | | NO Please do not Publish | |
| 3. | I am a member of good | I standing of the _ | | |
| 4. | I have been actively engaged in Estate and/or Taxation Planning for | | | |
| | capacity as a | | | (Designation) in |
| | | | | (Name of Firm or Company) |
| 5. | Previous Employment | History: | | |
| 6. | | · | ecial areas of interest (e.g. publication | |
| 7. | Nominated by: Name: | | Signature: | |
| | Seconded by: Name: | | Signature: | |
| (The No | ominator and Seconder must be | current members of t | the Estate and Taxation Planning Council.) | |

Privacy Act 2020 Disclosure - We collect personal information from you, including your name, contact information, location and professional associations and career in order to assess your application for ETPC membership, and to contact you regarding ongoing Council events and updates, and to publish your name and business (where agreed) on the Council website. We store your information securely and digitally erase it 7 years after you cease to be an ETPC member in accordance with the Incorporated Societies Act 2022 and Incorporated Societies Regulations 2023. You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact us at contact@etpc.co.nz.

Date