

Signature

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

	ME	MBERSHIP APPLICATION	
1. 2.	Name: Occupation/Title:		
	Business Name: and Address:		
	Telephone (Bus): Email Address:		
include		sed to introduce you as a new member, keep you informed on the Council's website. If you do not wish the Council's	
	YES Please Publish	NO Please do not Publish	
3.	I am a member of good standing of the		
			(Professional Association)
4.		Estate and/or Taxation Planning for	years, in my
5.	Previous Employment History: _		
6.		ther special areas of interest (e.g. publication	•
	organisations)		
7.	Special dietary requirements:		
8.	Nominated by: Name:	Signature:	
	Seconded by: Name:	Signature:	
(The No	Nominated by: Name: Seconded by: Name:	Signature:	

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Date