

# New Membership Subscription Form

*I would like to join the National Tax & Accountants' Association Ltd.*

## PERSONAL/BUSINESS DETAILS (please use block letters)

Title: Mr  Mrs.  Ms.  Other \_\_\_\_\_

First name \_\_\_\_\_ Family name \_\_\_\_\_

Position/Title \_\_\_\_\_

Business name \_\_\_\_\_

Name for Certificate \_\_\_\_\_

Postal Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Tel No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Age group 18-30  31-40  41-50  51-60  61+

## PAYMENT

I enclose a cheque to the NTAA for the full amount of \$295.00 (incl. GST)

I wish to pay by credit card \$295.00 (incl. GST)

Mastercard  Visa

Name on Card: \_\_\_\_\_

Card No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_



Fax credit card  
details  
to NTAA on  
(03) 9686-4744



Post to: NTAA,  
29 Palmerston Cres,  
South Melbourne,  
Vic 3205



If you have  
any other queries  
please call  
(03) 9209-9999

**Please complete and fax to: 03 9686 4744**

# New Membership Subscription Form (continued....)

## MEMBER PROFILE (please use block letters)

(please fill out the information below so that we can better tailor our products and services to your needs)

### 1. Which of the following best describes your business or employment?

- |                         |                          |  |                          |
|-------------------------|--------------------------|--|--------------------------|
| A. Registered Tax Agent | <input type="checkbox"/> | E. Industry  | <input type="checkbox"/> |
| B. Financial Planner    | <input type="checkbox"/> | (e.g. Financial Controller, Payroll Officer, Accounts Clerk, HR Executive) |                          |
| C. Lawyer               | <input type="checkbox"/> | Other: _____   |                          |
| D. Contract Bookkeeper  | <input type="checkbox"/> | _____  |                          |

### 2. If you described your business in question 1 as A, B, C or D, how many partners, directors or principals are there?

- 1       2       3       4       5       6+

### 3. If you described your business in question 1 as A, B, C or D, how many professional employees does your business have?

- 1-4       5-10       11-20       21-30       31+

### 4. Are you a member of any other bodies/associations?

- |   |                          |              |
|---|--------------------------|--------------|
| CPA Australia                                       | <input type="checkbox"/> |              |
| The Institute of Chartered Accountants in Australia | <input type="checkbox"/> |              |
| Institute of Public Accountants                     | <input type="checkbox"/> | Other: _____ |
| Taxation Institute of Australia                     | <input type="checkbox"/> | _____        |
| Taxpayers Australia                                 | <input type="checkbox"/> |              |
| Association of Tax & Management Accountants         | <input type="checkbox"/> |              |

### 5. How would you prefer to receive communications from the NTAA?

- email       fax       mail       via the website

### 6. Please nominate a contact name to receive any communications from the NTAA:

.....

### 7. Please nominate an email address to receive communications from the NTAA:

.....

### Privacy:

The NTAA understands that you value your privacy and wish to have your personal information kept secure. We are bound by the Federal Privacy Act and the National Privacy Principles. For these reasons, NTAA places a high priority on the security of the information that we hold.