

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 \$330.00 (incl. GST)

I wish to pay by credit card \$330.00 (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:

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

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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.

Please refer to www.ntaa.com.au for our privacy policy and collection notice.